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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0000

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		93	01	CERTI	FIC.	ATE OF I	DEATH			Reg. D	ist. No.		
1. 1	PLACE OF DEATH L. COUNTY Prince Ge	orges		MARY	LAND	2. USUAL RESI o. STATE Mary	_	ere deceased	l lived. If institution	tution: Reside	ence befo	re admiss	ion)
	CITY OR TOWN (If	outside corporate lim	ils, wrile	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	ulside corpor	rote limits, writ				1)
	Cheverly	nesi idwiij		1 Mo 15	Day	Oxon	Hill.						
-	OR INSTITUTION			address)		6670		n Pd	S. E.				FARM?
3. (	VAME OF	orges Gene	rst	Middle		Los		4. DATE		4 4			
	DECEASED Type or print)					Bal	_	OF DEATH		Month gust	7		7eor 19 58
5. 5		6. COLOR OR RACE		COLOME RIED NEVER MARRIE		8. DATE OF BIRT		1000			RIYEAR		ER 24 HRS.
	1000		WIDOWI					1893	9. AGE (In year last birthday		Doys	Haurs	Min.
10a	Female USUAL OCCUPATION	Negro		KIND OF BUSINESS O	_	_				12.0	TIZENI O	E WHAT	COUNTRY
	Housew1	ng life, even it retired	1)					N. C		12. 0		U.S.	COUNTRI
13.	FATHER'S NAME	0.11 h a code	1012 1 1	Lioma		14. MOTHER'S			1:				
		Albert	MITI	Liams		I.	kacne	I WII	liams				
15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of	CES? 16.	SOCIAL SECURITY NO		NFORMANT Alex V.	War	ren,		ddress 'Stre	et,	N.E	
	18. CAUSE OF DEAT	H [Enter only one co	use ner li	ne far (a), (b), and (c).				-				ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	,								ONS	SET AND	DEATH
	1165X	IMMEDIATE CAUSE (c	,	Multiple pu	Tillion	lary Inte	arces					t mor	ıtn
	Carabian A	DUE TO	,										
	Conditions, if on gave rise to im	mediate											
	couse (o), stating the	ne under- DUE TO	)										
z	lying cause lost.	P SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	A TIA DILIT	NOT DELATED TO	T. 15 TF0. 11	0100.00					
CATION		tion of th		CONTRIBUTING TO DEA	AIH BUI	NOT KETATED TO	) THE TERMII	NAL DISEASE	CONDITION	GIVEN IN PA	RT 1(a) I	PERFO	RMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture o	of injury in P	ort I or Port	II of item 18.)				1
	20c. TIME OF INJURY		ar 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form.	20f. (City	or tawn)		(County)		(State)
MEDICAL	Haur o.m.	19	While of wor	Nat while	foo	tory, street, office	e bldg., etc.	)			(20011/)		(5.0.0)
	p. m.							<u> </u>					
	21. I certify the	it I attended the	deceas	ed from Jur	e-1	7 195	& to_At	1g-1	, 19	58that 1	last so	w the	decease
	alive anAy	8/1-11-	., 19_	and that	deoth	accurred at					the da	te state	d obove
	ACTUAL SIGNATURE	elliam	FIX	beson		2 53	304	ADDRESS (Sti	a DO	rn, stotel	De	DA	ATE SIGNE
	PHYSICIAN'S	V				BI	0. 0.	0		Mini	11/		1
220	NAME (Type)	1 201 DATE THEORY	\r	Teaming			MILLER	uu	uses,	pur	The	ua	-dd-
***	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEME				ZZd. LOCAT	10 H (gity, low	n, ar county		(State	e)
22	Burial	8-6-58	5	Church	1 Ce	metery		- 4.0	xen Hi	11,		Md.	
-	FUNERAL DIRECTOR'S		30	Ol ADDRESS th	St.	. N.E.		BY REGISTI	RAR 24b. RE	GISTRAR'S S	IGNATUS	RE	
JC	hn T. Rh	ines & C	0.			,	DARUG	7 '58	ull	Leau	1		

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TOTAL OF THE PARTY		D FUNERAL DIRECTOR: this certificate has been signed by the attending physician and completely filled in by the funeral-direct	page 3 shauld be detack. On use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed	0
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			9368		CERT	IFICAT	E OF DEAT	H	a Mil	Reg. Dist. No.	
	-	. CITY OR TOWN	rince George		MAR'	YLAND	usual residence (vo. STATE aryla	nd	ed. If institutions b. COUNTY P	Residence before	orges
		Cheverly	nearest town)		23 day	)	Nutwel				
7		OR INSTITUTION	PITAL (If not in hospital, g Georges Gene				d. STREET ADDRESS Rt. 2	P.O. Box	x		IS RESIDENCE ON A FARM? (ES NO
	3. [	NAME OF DECEASED Type or print)	Laura	19	Middle		nett	4. DATE OF DEATH	Month Augus	Day	Yeor 19 58
	S. S	EX Female	6. COLOR OR RACE Black	7. MARE		IED B. C	ATE OF BIRTH			UNDER 1 YEAR IF	
		USUAL OCCUPAT during most of wo	TION (Give kind of work carking life, eyen it felired)	lane 10b.	_		111. BIRTHPLACE (Sto	te ar foeeign caunt		12. CITIZEN OF	WHAT COUNTR
		FATHER'S NAME	Lohn	+	tall		4. MOTHER'S MAIDEN	19an	et	Dow	er
	1S. (Yes	WAS DECEASED V	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 INFO	Mes Bo	denei	H New	twell	1 mos
			EATH [Enter only one content was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which )	Pe	ne far (a), (b), and (c)	ary	Enole	alis tom	standa	ONSET	AL BETWEEN AND DEATH
		gave rise to cause (a), stating lying cause last	g the under-	T	luv	42					
	CATION		THER SIGNIFICANT CONI	DITIONS C	CONTRIBUTING TO D	ATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN		WAS AUTOPSY PERFORMED? ES NO
	CERTIF	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	inter nature of injury i	n Part I ar Part II o	of item 18.)		
	MEDICAL	20c. TIME OF INJU Hour a. m. P. m.	10	While of wor	NJURY OCCURRED  Not while  of work	20e. PLACE factory	OF INJURY (Home, fo , street, office bldg., e	rm, 20f. (City or etc.)	town)	(County)	(State)
		21. I certify to alive an S	that I attended the	deceas _, 195	- 5/	death ac	., 1958, ta curred at 6,50 1835 Eag	8-29 A.M. from the ADDRESS (Street 2 5/2 7		that I last saw d on the date wash?	
4		PHYSICIAN'S NAME (Type)	Dr. Frederic	k B	Hartsock,	M.D.					
	220	BURIAL CREMATION REMOVAL (Specify	ON, 226 DATE THEREO	58	PRC. NAME OF CEM	ETERY OR CI	REMATORY	22d LOCATION	H(City, town, or	county)	(State)
r	23	UNERAL DIRECTO	-//		ADDRESS	- 2		C'D BY REGISTRAR	~~~	AR'S SIGNATURE	- 14

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	Philadelphia Daily		
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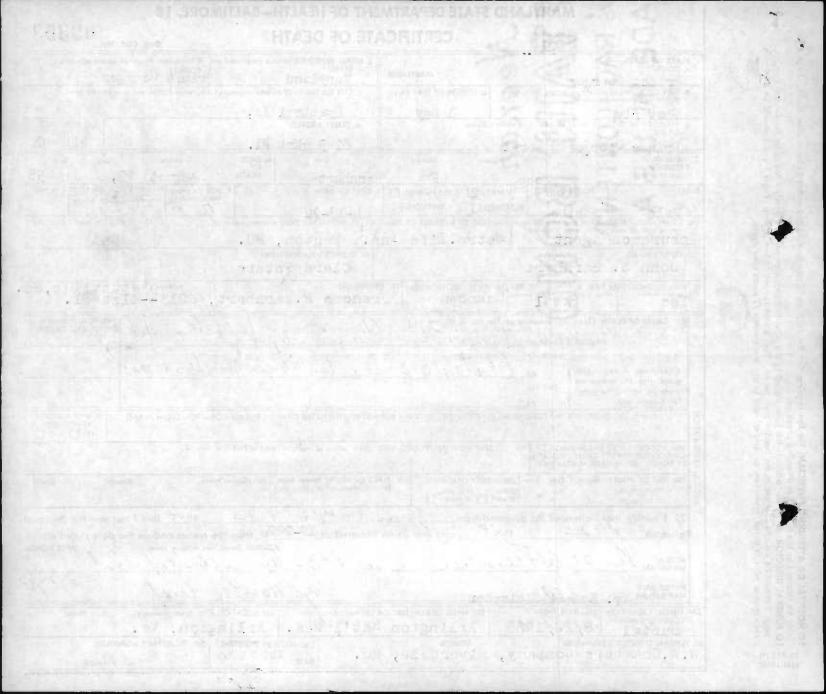
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9369 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 19353

1.	PLACE OF DEATH o. COUNTY		4140		2. USUAL RES	IDENCE (Wh	ere decease	d lived. If institut		pefore admission)	
_	Prince Georges			/LAND		land		Princ e	deorge		
	<ul> <li>b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)</li> </ul>	write c.	LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	utside corpo	rote limits, write f	RURAL ond give	nearest town)	
-	Cheverly		1 Day			attsvi	lle,				
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street odd	fress)		d. STREET	ADDRESS				e. IS RESIDENC	A?
L	Prince Georges G ner	al			/ 62k3	3 likst	Pl.			YES NO	
3.	NAME OF Pirst	23	Middle		Lo	ost	4. DATE	Moi	nth	Day Yeor	
	(Type or print) John		F	E	arnhari	t	DEATH	Augu	ast 23	. 19	58
5.		MARRIED	NEVER MARRI	ED B	DATE OF BIR	TH		9. AGE (In years	IF UNDER TY	EAR IF UNDER 24 1	HRS.
	Wale White w	DOWED	DIVORCE	D	1. 72	ol.		lost birthdoy)  6) yrs.	Months Do	ys Hours Mi	n.
100	. USUAL OCCUPATION (Give kind of work don	e 10b. KIN	ND OF BUSINESS C	OR INDUS	RY 11. BIRTHE	LACE (Stote	or foreign c	04		N OF WHAT COU	NTRY
T	during most of working life, even if retired)	Met	ro.Life	In	De	nton,	Ma		1		
-	FATHER'S NAME	1-00	OI O O DITE	, -11.	14. MOTHER					JSA	
	John S. Barnhart					ra Pe					
16	WAS DECEASED EVER IN U. S. ARMED FORCES	2 11 50	CILL SECURITY NO	117 101	FORMANT		7010				17.5
(Y	Yes give war or date of service Yes		CIAL SECURITY NO		ances	F.Re	rnha	nt 621	341s	st Pl.	NIC
1	Tes MM T	0			. 011000	1 000	I IIIIA.	10, 021	0	20 11.	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate  (b)	a	mhole	e (	leet	w.i	) her	In Cos	. Arta	INTERVAL BETWEE	H
	couse (o), stoling the under-										
Z	, (0)	lotte Col	170101171110 70 00								
CATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CON	NIKIBUTING TO DE	AIH BUI I	IOI KELATED I	O IME TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART 1(c	PERFORMED YES NO	?
CERTIF	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIE	BE HOW INJURY O	CCURRED	(Enter noture	of injury in P	ort I or Port	t II of item 1B.)			
MEDICAL	Hour o. m.	While	Not while of work	20e. PLA	CE OF INJURY ory, street, office	(Home, form, ce bldg., etc.	, 20f. (City )	or lown)	(Cour	nty) (St	ote)
	21. I certify that I attended the de	eceased		run	19 4	P, ta	P-23	, 19√√	that I last	saw the dece	asec
	alive an	1944	, and that	death	accurred at					date stated ab	ove
	ACTUAL Maidsfeldighature Maidsfeldighature	les	her	N	D. 54	326	Luceu	reet, city or town,	state) Sef /	DATE SI	GNED
	PHYSICIAN'S NAME (Type) Dr. Rona Fie	ische	er		/	deg 9 1	4025 Z	le lu	of	4/2	3/1
220	Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8/26/195		2c. NAME OF CEM Arlingt		T	Gem.		ington.		(Stote)	
23.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS				BY REGIST		STRAR'S SIGNA	TURE	
M	.W.Chambers Compan	y, R	liverdal	.e, l	ld.		UG 2 6	750	Irihun 8		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 119355

Rea. Dist. No.

Prince Georges

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Davs

USA

(County)

Months

e. IS RESIDENCE

ON A FARM?

YES NO N

Year

19 58

Markov Carlotte and Committee of the com

Reg. Dist. No

(State)

24b. REGISTRAR'S SIGNATURE

b. COUNTY Prince Georges c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Beltsville, Md. ON A FARMZ 4530 Powder Mill Road. YES NO August 58-19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Manths Days 89 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington D. C. USA Address Beltsville, Md. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 195\_Athat I last saw the deceased M, from the causes and on the date stated above DATE/SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9371 CERTIFICATE OF DEATH

Reg. Dist. No. 09356

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If insti		efare admission)
Prince Georges	MARYLAND	Maryland	900 A	Georges	
<ul> <li>b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest town)</li> </ul>	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, writ	e RURAL and give	nearest town)
Cheverly	11 Days	16 Mt. Rainie	r,		
d. NAME OF HOSPITAL (If not in haspital, give	street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
17-Ince 6	corge Hospt	3702 36th	St.		YES NO
3. NAME OF First	Middle	lost	4. DATE	Aonth	Doy Year
(Type or print) Everett	Vackson	Beavers	OF DEATH	August	12 19 5
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellost birthdo		AR IF UNDER 24 HRS.
Male White w	IDOWED DIVORCED	3.76.87	77	yrs. Manths Day	rs Haurs Min.
10a. USUAL OCCUPATION (Give kind of work don	e 106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
during most of working life, oven if retired)	PA 1.100	1/1001			0 4
1RUCK DRIVER	Islandurg Out C	14. MOTHER'S MAIDEN N	VIA	0	Sints
IJ. FAITHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Unanonon		Unkno	non		
(Yes, no. or unknown) (If yes, give wor or dates of service		INFORMANT	6	Address	N corr
mo	unknown &	verett John	Beavers &	File He	ist and
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]				NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Remal Failure				MISEL MIND DEMIN
600.0 DUE TO					
Canditions if you which h	Chronic Pyelo	Monhaitie			
gave rise to immediate	OH OHE TARE	Medititora			
cause (a), stating the under-					
lying couso lost. ) (c)					
PART II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0	PERFORMED?
31					YES NO
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in f	Part I ar Part II of item 18.		
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, form	, 20f. (City or town)	(Count	ty) (State)
Hour o. m.	While Not while fo	octory, streat, affice bldg., atc.	)		,
	at work at work				
21. I certify that I attended the de	eceased fram August 2	, 1958 to_At	ugust 12, 19	5Bat I last	saw the deceased
alive on August 12	19_58_, and that death	h accurred at 8:10Pr	M, fram the cause	s and an the	date stated above
000			ADDRESS (Street, city or to		DATE/SIGNED
ACTUAL ARLES C.	GERGINO A AO	3308 to	nry st me	Brillian	8/19/0
SIGNATURE SOUR PER	RYSI.	em.v. See See See See		1 MILLIAN	
PHYSICIAN'S MT. RAINIER,	MARYLAND /	m+.1	Ralhier	md-	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, tow	n, or county)	(State)
PREMOVAL (Specify) 21-16-51	F Front J.	and Com	13 Ondense.	use an	willand
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	10 to 240 000'	D BY REGISTRAR 24b. R	EGISTRAR'S SIGNA	TURE
[11 MY hamber Pin	Was him estima	N. E AUG	4 5 100	relivery S. Ha	AG
vivi ( nuri wers wo	. W warming was	DATE		D. May	M/S

VS A15 (4) 15M 9/55

FERTURE	TE OF DEATH		
		Ext. Flags	Superonal account
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Con Charles Have Ale .	les ser bestitutes in		
			SE WELL AND AND ADDRESS.
		Tomas South	THE COLUMN TWO IS NOT THE TAXABLE TO SEE THE TAXABL
	afairme	Caranta Igalo	to I will not be because of
			accipione (turio) and (to
	A SHOULD BE MENT AND A SHOP A SHOP A SHOP AND A SHOP A SH	t tipical on word	of the set of the TO
			A TOTAL CONTRACTOR
			alignation and the latest
			America Carrier

**CERTIFICATE OF DEATH** 9372

09358

(State)

DATE SIGNED

Reg. Dist. No.

IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY?

\_\_\_,that I lost sow the deceased and on the date stoted above.

1.	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (WI		COUNTY		
-	b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, write		c. CITY OR TOWN (IF	autside carporate limit		rince Ge	
1	Laurel	redies lowing		4/ Laurel				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street		d. STREET ADDRESS	C11			o. IS RESIDENCE ON A FARM?
=		l General Hospi	.tal	206 Main				YES NO
3.	NAME OF DECEASED (Type or print)	Ralph	Middle E	Benton	4. DATE OF DEATH	Au	gust 17	19 58
S.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE			R IF UNDER 24 HRS
	Male	White WIDO	WED DIVORCED	Sept. 5, 189	98	g yrs.	Months Days	Hours Min.
10	. USUAL OCCUPATI	ON (Give kind al wark dane 10	b. KIND OF BUSINESS OR IND				12. CITIZEN	OF WHAT COUNTR
	during most al wor	king lile, even if refired)	lace Tracks	Texas			U.S.	Δ
13	Blacksm:	LUN 12	ace macks	14. MOTHER'S MAIDEN I	NAME		0.5	Ae
				//				
16	Arnie Bei		COCINI CECUDITY NO. 117	Uni	enans			
	H, no. or unknown)	ER IN U. S. ARMED FORCES? [16]	S. SOCIAL SECURITY NO. 17.	INFORMANT		Addre	P51	
L	yea	WW /	194-22-808	9 Hospital F	lecords			
	18 CAUSE OF DE	ATH [Enter anly one cause per	line for (a), (b), and (c).]		( )		IN	TERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Buller	Lund	(RT)			Zer
	163X	DUE TO						1
	Canditians, if a	inv which )		0				
	gave rise to i	mmediate (						
	lying cause last.	the under-						
Z		HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	T NOT BELATED TO THE TERM	INAL DISEASE CONDI	TION CIVE	IN IN PART VOL	10 WAS ALITOPSY
ICATIO	1 11. 01						IN IN PART I(O)	PERFORMED? YES NO
CERTIF	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature at injury in	Part I or Part II al ite	m 1B.)		
MEDICAL	Hour o. m.	RY Month, Day, Year 20d. Whit	1 7	LACE OF INJURY (Home, formation, street, affice bldg., etc.	20f. (City or lawn		(Caunty	) (State
3	p. m.	Jul wi	ark   dr work	48	- / /			
	21. I certify th	nat ottended the deced	16		8/17/58,			
	alive on	/ / / 12	/, ond that deot	h accurred at	M, fram the c	auses ar	nd on the de	ate stoted above
	V	11.110			ADDRESS (Street, city	ar tawn, s	tate)	DATE SIGN
	SIGNATURE	MALAIA	Vitra	M.D				
	111	1001000					****	
	PHYSICIAN'S NAME (Type)	John M. Warren,	M.D., 305 Pr	ince George St	., Laurel	, Mar	yland	
22		ON, 226 DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (Cit			/ (State)
	REMOVAL (Specify		St It M	1-6	2		h. 1	(5,0,0)
23	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS //	up cen.	D BY REGISTRAR	Ab PEGIS	TRAR'S SIGNATU	IDF
	1/2 /1/ 1	1 10 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	// //			hun S. the	
1/	We Will	- Mangel	da Laure	DATE AN	IG 2 2 '58	Un	mun s. Ma	NATION .

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

may be retained by the haspital or attending physician.

Page

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please H execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page H in should be farwarded A the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. YO FUNERAL DIRECTOR. As 3 should be used as a buriah-transit permit. File pages And 2 with the State Board of Health, I a		9
the funera e relained the State I	er death.	
and 3 to a so a	2 hours of	
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5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09359

- 1-	
1	o. COUNTY
	b. CITY OR TOWN It outside corporate limits, where PURAL ond give neorest lown)  C. VENGTH OF STAY IN 1b . c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)  C. VENGTH OF STAY IN 1b . c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  ON A FARM?  YES   NO
	NAME OF DECEASED (Type or print)  Name OF DECEASED (Type or print)  A DATE Month Doy Year OF DEATH  Nonth Doy Year 19
5	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 6. DATE OF BIRTH  WIDOWED DIVORCED DIVORCED 21, 1911  9. AGE (in years lift UNDER 14 FAR. Months Days Hours Min.
1	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  15. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Fig. 10. of unknown]   If yes, give wor of dots of service) Unknown Kattle the Black Days as #5
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  COLUMN CONSTAND DEATH  ONSTAND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying course lost.
	T. C.
-	NY COAR A MARY TOTAL A
1000000	
L	21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my
	opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
	ACTUAL SIGNATURE D. DATE SIGNED  DATE SIGNED
1	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
	20. BURIAL, CREMATION, P26. DATE THEREOF PLANE OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (Stote)  REMOVAL (Specify) S-11-5-8 PLANE OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (Stote)  Plane 1 2dd, REC'D BY PROBLEM (1246, REGISTRAR'S SIGNATURE)  ADDRESS 12dd, REC'D BY PROBLEMAN (1246, REGISTRAR'S SIGNATURE)
-	W. W. Thambas to Anc. 517-11 = st. A. E. AUG 12 1950 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9366 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Kesidence before apphilision) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside exporate limits, write RURAL and give nearest town) ENGTH OF STAY IN 16 c. CITY OR TOWN (M'Sutside carporate limits, write RURAL and give nearest town) rane d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 3. NAME OF DATE OF DEATH Middle Last Day Year DECEASED (Type or print) CLOT 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE IF UNDER 1 YEAR IF UNDER 24 HRS years (iday) lost Manths Days WIDOWED | DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KND OF BUSINESS OR INDUSTRY during post of working life, even if retired) STATHPLACE (State or foreign county 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give west or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (0) ONSET AND DEATH de dal **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Haur a. fl. foctory, street, affice bldg., etc.) While Not while p. m. at wark at wark 19  $5\theta$  that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at a M, from the causes and on the date stated above. FUNERAL DIRECT age 3 shauld be a ACTUAL PHYSICIAN'S NAME (Type) 220. SURIAL, CREMATION, 226% DATE THEREOF 22C\_NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) **SEMOVAL (Specify)** FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 arihun S. Thous

CERTIFICATE OF DEATH	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

10448

	2004				Reg. Dist. N	0.
	1. PLACE OF DEATH o. COUNTY Prince George's MARY	YLAND	2. USUAL RESIDENCE (Who o. STATEMARYLAR	ere deceased lived. If institution b. COUNTY	on: Residence bel	fore admission) Georges
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  College Park, Md  9 years	IN 1b		Park, Md.		
?	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 9534 Rhode Island Avenue,		d. STREET ADDRESS	ode Island Av	enue	e. IS RESIDENCE ON A FARM? YES NO K
	3. NAME OF First Middle DECEASED (Type or print) MURRAY GEORGE	BONI	lost	4. DATE Mon	-	Day Yeor
	5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRI		DATE OF BIRTH	9. AGE (In years		AR IF UNDER 24 HRS.
	male white WIDOWED DIVORCE	ED 🔲 A	Aug 23, 1903	54 yrs.	Months Days	Hours Min.
	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Couring most of working life, even if retired)	OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	Carpenter Superintendent Constru	ction	n Pennsy	lvania	US	A
-	13. FATHER'S NAME	5.77	14. MOTHER'S MAIDEN N			
	Elias Bonham		Emma Whit	enight		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO		FORMANT	Addr		
	no	Ger	rtrude Bonha	um College Pa	ark, Ma	ryland.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).	سر [٠	gtastante	· .		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Carcinoma	17,	lung and	trachea	, Or	NSET AND DEATH
	1620 DUE TO 1,	0				
	Conditions, if ony, which) (b) Mrombox	w o	7 carote	is artery		
	gove rise to immediate couse (o), stating the under-		0	1		
	lying couse lost. (c)			V		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	ATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
		CCURRED.	(Enter nature of injury in P	ort I or Port II of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  9. m.  19 of work of work	20e. PLAC	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County	(Stote)
	₹ p. m. 19 of work of work					
	21. I certify that I attended the deceased fram.	13	, 1958, ta	-7 1958	,that I last :	saw the deceased
	alive an 8-7, 1958, and that	death o	occurred at 6:00 A	M, fram the causes a	nd on the de	ate stated above
	11/1/1/2			ADDRESS (Street, city or town,		DATE SIGNED
	SIGNATURE 1/4 HC fla aun	M.	D. 4	314- GALLA	771N	57.
	PHYSICIAN'S TILL BERGEMANN		H	YATTSVILLE	F, MI	D,
	220. BURIAL, CREMATION, 22b. DATE THEREOF PORT Lin		Cemetery	22d. LOCATION (City. town, o Colmar Manor	, Md.	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATU	JR/g
	F. Gasch's Sons Hyattsville Md.		DATE 5	UC 1 1 158 ( )00	ed agree	1

VS A15 (4) 1SM 10/57

b	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8	CERTIFICATE OF DEATH

09361

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Annahi Laurel davs d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO General Hospital Laurel NAME OF Middle Lost 4. DATE Month Day Year DECEASED OF 19 58 Walter H Bouis August (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost by thdoy) Months Days Hours Min Male White Sept.10, 1879 WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 13. PATHER'S NAME 14 MOTHER'S MAIDEN NAME Steven Bouis Achsah White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address Hospital Records 18: CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Artero-Septal Myocardial infarction DUE TO General Arterio-Sclerosis Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work ot work ta 8/17/58 ..., 19 ..., that I last saw the deceased 21. I certify that I aftended the deceased from and that death accurred at 6:30 AM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Bryan P. Warren M.D., 305 Prince Georg e St., Laurel, Maryland 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 2 '58 arthur S. Track

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE,	18
9430 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 09362
D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNT b. COUNT c. CITY OR TOWN (Ill outside corporate limits, write	Prince Georges
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	A Acco Keek	e. IS RESIDENCE ON A FARM? YES \( \) NO
	B. DATE OF BIRTH  9. AGE (in year light brithdoy)	Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ATHER'S NAME  DIVORCED DIVOR	STRY 11. BIRTHPIACE (Stote or foreign country)  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
Yes, no, or Anfrown) (If yes, give wor or dates of service) None My	Margaret F. Admin Blandford, A	Johnson Laskeek, Md-
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse last.	Cerceroin of St Perferie Obstrue	chiere 3 maille
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION G  D. (Enter nature of injury in Port I or Port II of item 18.)	IVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
	ACE OF INJURY (Home, form, 20f. (City or town) clory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased fram of alive on, 1258, and that death actual signature O a &	n occurred at 5 AM, from the causes  ADDRESS (Street, city or town  M.D. 5731 23 Raylout	
OREMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town,	or county) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE HUNTE FUNERAL HAME WARDEN	Md 24a. REC'D BY REGISTRAR 24N-REC DATE AUG 7 '58	STRAR'S SIGNATURE

Maryland Public Aceckeek Here Keek Charlotte Gertrude houses I Aug 3 15 Female (22 1900) 12011,1897 6/ Housewife own Home Maryland U.S.A. William E. Dixon Margaret E Johnson ArNe Mis Edu W Handford Accorder 15 annuly answers of Stone I ground Conflicte Referer obstruction 211 action when on Se 2 - S with a model of the loss processed and the state of the me that Carol & Helon, 573/23 - 16, Centres SE 3355 DAUDS GORDON, WO LUNG. 2-112 C. Baral 8/5/58 Cedar Hill Washington DC White Fine at Home Boxes of Mallow

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 09363 CERTIFICATE OF DEATH I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Prince Georg Ň funeral b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 RURAL and give nearest tawn) Hsuille should d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MALC ( energi YES NO NAME OF 4. DATE Month Day Year DECEASED 1958 (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED TO lost birthday) Months Doys WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking lifeneven if retired) Lous Proctice 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ERTRUDE EMMET BOYK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2800 Tuebec DOROTHY 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the under-Alcaholison lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m While Not while of work of work 21. I certify that I attended the deceased from Feb. 1958, to AU9, 9 .... 1955 that I last saw the deceased \_\_\_, and that death occurred at 10:00 ft.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S LAUBACH NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, Jown, or county)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

(Stote)

AS 412 (4) 12W 6.22 (4) 12W 6.2

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

death.

DISCH LA THE STATE OF THE STATE	ADRITRED CERTIFICA
	Suches Commission of the Commi
	0 3 6 - 2733
	27. Tabelly that for the same of the same

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# 9376 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09364

									Keg. DIST.	140,	
	LACE OF DEATH				2	USUAL RESIDENCE	(Where deceased		n: Residence	before odn	nission)
-	rince Geo	rgag		MARYL	IND	Marylan	4	b. COUNTY	Geor	705	
		If outside corporate limit	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN					own)
	heverly			l <sub>1</sub> Davs	1	Mt. Rai	nier				
d	OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	SS			ON	ESIDENCE
P	rince Geo	rges Genera	al			3706 3	7th St.			YES	□ NO □
D	AME OF ECEASED Type or print)	Fin		Middle		lost David a	4. DATE OF DEATH	Mont		Day	Yeor
S. SE		6. COLOR OR RACE		NEWED AND DOLLAR		Boy Le		Augu P. AGE (In years	IF UNDER 1	VEAD IE LIN	19 58
			WIDOW	RIED NEVER MARRIED		0-		last birthdoy)		ays Hour	
	ale	White		[		1-13-82		76 yrs.	100 0000		
_	during most of work	king life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTR	//a	Stote or foreign con	intry)			AT COUNTRY
	tired-Ins	urance		Insurance	1		own-	0	oni	ted St	aves
J. F	1 / MARIE					4. MOTHER'S MAID	NAME				
	unk	now	2			un	resid	con			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT	Manager and the second	Addr	ess		
	No				A	da Boyle	3706	37th S	st., M	t. Rai	nier,
			use per li	ne for (o), (b), and (c).]						INTERVAL	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ORONAL	ey	OCCLU	SION			ONSET AN	A 45
	420.1	DUE TO									My
1	Conditions, if or	au which )	C	DRONAL	RT	SCLE	R.0515			under	eour
	gove rise to in	mmediate		0,00,00	-1						
П	couse (o), stoting	the under-									
, l	lying couse lost.	) (c									
9	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	EN IN PART 1	(o) 19. WA PER	S AUTOPSY FORMED?
5		varien	son	e Dise	ase						ON [
02 (	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (	Enter noture of injur	y in Port I or Port	II of item 1B.)			
	20c. TIME OF INJUR	Y Month, Doy, Yea	r 20d. II	NJURY OCCURRED 2	0e. PLACE	OF INJURY (Home,	form, 20f. (City o	or town)	(Co	unty)	(State)
MEDICAL	Hour o.m.	19	While	Not while	factor	, street, office bldg.	, elc.)				
~  -											
	21. I certify th	at I attended the	deceas	ed fram. July 2							
	alive an_Aug	pust 1	19	58, and that d	leath a	curred at 1:	55P.M. fram	the causes a	nd on the	date sta	ated abay
	0		1	1 - 1			ADDRESS (Stre	eet, city or town,	stote)		DATE SIGNI
	SIGNATURE A	Euponer	L A	- mille	Rur	3824-	34 AX	- nut	Raci	ues.	2 aus
		1			111.0	• • • • • • • • • • • • • • • • • • • •					7
	PHYSICIAN'S NAME (Type)	DRB.S.M.	lek								
20.	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY. OR C	REMATORY	22d. LOCATI	ON (City, town, o	r county)	151	lote)
A	REMOVAL (Spenify)	8/4/4	-9	Fort	100	dap.	Pope	y an in	10000	2/5	n. 1
3 F	UNERAL DIRECTOR	SSIGNATURE	0	ADDRESS 72	0	in	DECID BY DECISTO	AD JOH DECK	TRAPIC CICH	ATURE	KA
2	000	1	.0 7	1 NOTESS NOT	Nau	puer 240.	REC'D BY REGISTR	0	TRAR'S SIGN	LINKE	
M	weigh:	Junero		Carrell	me	DATE	AUG 6 '58	Les A	- ERILL	14	

Inc.

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VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9377 CERTIFICATE OF DEATH

Reg. Dist. No. 09365

1.	PLACE OF DEATH o. COUNTY Pri	nce Georg	es	MAR	RYLAND	O STATE	oence (who		lived. If instituti b. COUNTY	Prin	e before ad	mission)
	b. CITY OR TOWN (I RURAL ond give no RIVET OF	f outside corporate limi acrest town) 3 1 C	its, write	c. LENGTH OF STA	Y IN 15			7.1	ote limits, write R	URAL and g		fown)
	OR INSTITUTION	AL (If not in hospitol. gemorial H				/ d. STREET / 4708		an Lai	ne		0	RESIDENCE N A FARM? NO X
3.	NAME OF DECEASED (Type or print)	FRANK		WILLAF	RD	BOYLE		4. DATE OF DEATH	August		h,	Yeor 19 58
5.	Male	6. COLOR OR RACE White	7. MARR			8. DATE OF BIRT		3	P. AGE (In years last birthday) 74 yrs.	-	Days Ho	NDER 24 HRS.  Wrs Min.
	during most of work	ON (Give kind of work ing life, even if retired 151neer Re						or foreign cou	untry)		JSA	HAT COUNTRY?
	FATHER'S NAME Willard F	Boyle				14. MOTHER'S Emmi	MAIDEN N.					
1\$. {Ye		R IN U. S. ARMED FOR	CES? 16. ervice) 2:	social security No. 20-05-27			C. Bo	yle,	4708 I	"Coll ndiar	lege Lan	Park, e,
NO	PART 1. DEA  Conditions, if a gave rise to it couse (o), stating lying cause lost.	mmediate (	, 1	light	lis	epitus Not related to	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	ONSET A	AS AUTOPSY
IFICATION				CRIBE HOW INJURY							PE	RFORMED?
AL CERTI	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	Hour o. m.	Y Month, Doy, Yes	While of work	Not while of work	20e. PL	ACE OF INJURY ( story, street, office	Home, form, bldg., etc.)	20f. (City o	or lawn)	(C	ounty)	(Stote)
	actual signature	at I attended the	192	6	t death		3 P.	DDRESS (Stre	the causes of the city or town, re Ave.	ind an th		DATE SIGNED
220	BURIAL, GREMATION REMOVAL (Specify) BUT 18		1958	22c. NAME OF CEA					ON (City, town, o		~	Stote) Co.Md.
	FUNERAL DIRECTOR			ADDRESS Riverda		2.0		BY REGISTR	AR 24b. REGIS	TRAR'S SIG		

THE REAL OF STREET, LAND LEADING THE THE AST TO SEE THE THEORY OF THE PROPERTY SOLD FOR THE PROPERTY OF  certificote death TO FUNERAL DIRECTOR: VS A15 (4) 1SM 9/S5

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VS A1S (4) 1SM 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09367

	9432	CEKTIFICA	AIE OF DEAT	<del>N</del>	Reg. Dist. No.
	ce George	MARYLAND	o. STATE AS	here deceased lived. If institution b. COUNTY	n: Residence before odmission) Prince George
BOX ond Sive 2	outside corporate limits, write over the oute# 2	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Charles	W	Brown	4. DATE Month OF DEATH August	/
Male	White	RRIED NEVER MARRIED	B. DATE OF BIRTH Ct,18.18		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Oa. USUAL OCCUPATION during most of working mo	ng life, even if retired)	Farmer	Maryla		U.S.A.
3. FATHER'S NAME  Benjam	in F, Brown		14. MOTHER'S MAIDEN Carol	ine. V. Walte	ers
	IN U. S. ARMED FORCES? 1 f yes, give wor or dates of service)		awrence, R,	Cobb Box. 2	72. Route #2
Conditions, if on gove rise to im couse (o), stoling to lying cause lost.	mediote DUE TO (c)	E CONTRIBUTING TO DEATH BUT	NOT BELLTED TO THE YEAR		N IN PART 1(0) 19. WAS AUTOPSY
couse (o), stoling th	he under-				
PART II. OTHI	are	1 -: 1 0	oris		PERFORMED?
	CAUSE OF DEATH	ne	suc	ron i or ron ii or nem is.	
20c. TIME OF INJURY Hour o. m. p. m.	Whi		ACE OF INJURY (Home, forestory, street, office bldg., etc.	m, 20f. (City or town)	(County) (State)
alive on O	at I attended the decen	58 and that death	occurred at 1 in	A 1/	that I last saw the decease and on the date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	lams F.	Sasseet	m.25 - 4	Upper Ma	reland, mg
Burial CREMATION Burial Burial	Aug. 16.19	Mt. Ca rme		Upper, Marl	county) Md.
J. Wm.Lee:	<u> </u>	ADDRESS 300. 4th st		#110 d -	TRAR'S SIGNATURE

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	Caroline, V. Males		D Stewart P. Brown		
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ATTENDING PHYS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 17, Film G-233 9/22/58.cac.

CERTIFICATE OF DEATH

0270	Reg. Dist. No			
1. PLACE OF DEATHOR S	2. USUAL RESIDENCE (HOME) OF DECEASED			
PRINCE GEORGES GENERAL HOSPITAL	STATE MARYLAND COUNTY PRINCE GEORGES			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (In this place)	CITY (It outside corporate limits, write RURAL and give nearest town) OR			
TOWN CHEVERLY, MARYLAND	X TOWN NORTH FORESTVILLE MARYLAND			
HOSPITAL OR INSTITUTION OR	STREET (If rural giva location)  ADDRESS			
STREET ADDRESS PRINCE GEORGES GENERAL HOSPITAL	3306-WINTER GREEN AVENUE N. FORESTVIL			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print)	BUTTLER DEATH AUGUST 30th 1958			
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O				
RACE WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.			
FFM ALE WHITE (Specify) WI DOWED 8/11  10e, USUAL OCCUPATION (Give kind of work 10b, kind of BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT			
dona during most of working life, even if OR INDUSTRY	COUNTRY?			
HOUSEWIFE HOME MAKER  3. FATHER'S NAME	EAST BROOK MAINE II.S. A.			
, PATHER S HAME	14. MOTHER & MAIDER NAME			
CHARLES HARDISON	I DA HARDISON			
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS			
(in tos), give well of deleted and the state of	MRS. BEAVER FILLAH (DAUGHTER)			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION Charles			
Districts on commons binetty trading to train ( is a legal	Mountable 12 has			
443 X IMMEDIATE CAUSE (A)	pactice in fe			
ANTECEDENT CAUSE(S) DUE TO SELECTION TO THE TOTAL TO THE TOTAL TOT	Meant Defeese			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Diego, in the second			
STATING UNDERLYING CAUSE LAST. (C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO I			
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	tic. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
While Not while	21f. HOW DID INJURY OCCUR?			
M. st work detwork	V (I A I 2 S CV			
22. I hereby certify that I attended the deceased from lufust	9, 1958, to Cufust 30, 19.58, that I last saw the deceased			
alive on Juliust 30, 19 58 , and that death occurred at	from the causes and on the date stated above.			
SIGNATURE	ADDRESS (Street, city, town, stata) DATE SIGNED			
I Dufami > lesa M.D.	7711-MASON STREET, DISTRICT HEIGHTS, MD. 2/30/			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIPY)	CREMATORY LOCATION (City, town, or county) (Stete)			
BURIAL 8/31/1958 EAST BROOK,	MAINE EAST BROOK, MAINE			
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Wash. D. C. ADDRESS			
DATE SEP 2 '58 Orthur S. Krous	MARTIN W. HYSONG CO. 1300 N.STREET.N.W.			

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 9/133

Dist. No. 09369

UTUU				eg. Dist. No. O
1. PLACE OF DEATH O. COUNTY Prince Geo.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution: b. COUNTY	Residence before admission) Prince Geo.
b. CITY OR TOWN (If outside corporate limits, write SURAL end give regrest lown) D. C.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or X Temple H:	utside corporote limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of SZI5 Fisher Rd.	ddress)	/ d. STREET ADDRESS 5215 Fis	her Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DAVID First	Middle H.	BUTZ	4. DATE Month OF DEATH Aug.	16 Doy Yeor 1958
Male White WIDOWE	D DIVORCED	8 July 187	last birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. Aanths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mest of working life even if settired)	IND OF BUSINESS OR INDUS	Penn.	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
David Butz		Susan Ha	zen	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  NO		ilia A. But	z 5215 Fisher	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO DUE TO	e for 10). (b). 000 (c) inte Pulono	any Clama Ce Heart Fai	lme	INTERVAL BETWEEN ONSET AND DEATH
lying couse lost. (c)	General Services	Parteria	roterons	30 yrs
CCATI				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
- L	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pa	art I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m. 19 While of work	Not while fact	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the decease alive an STATURE SIGNATURE PHYSICIAN'S JOHN T. LYNN	~/	10 52418/1. 0		1E 8/14/5
137.2712 (17)30	22c. NAME OF CEMETERY OR Cedar Hill	CREMATORY	22d. LOCATION (City, town, or co	
23. FUNERAL DIRECTOR'S SIGNATURE  Lee Funera 1 Home / &	ADDRESS AV N			AR'S SIGNATURE

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## FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09370

Reg. Dist. No.

	1, 1	a. COUNT ( D. COUNT ) b. COUNT ( b. COUNT )
	Ь	o. CITY OR JOWN (If outside corporate limits, the RURAL on give months of the RURAL on
		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE
9	Č	Prince Carrate Sonerel Hopetal 5511 Decond SXO ON A FARMS
	3. !	NAME OF OF First Al Middle Lost 4. DATE Month Day Year
	(	(Type or print) John Shomad Clarke DEATH (1) 30 1958
٥	5. S	Of M. P + WINDOWS TO DIVERSE TO 1 (JC) In big big boys Months Day's Hours Min.
		. USUAL OCCUPATION (Give kind of work done 10) KIND OF BUSINESS OR INDUSTRY 11. BY THEY ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	10	Le Stock realer Retired Virania 74.5.6
	13.	Charles Edward Clark Charles Majorifiame alexander
	15.  Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
		Jes WW 1 578-48-412 John Homes Clark Westery
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (0) Usul congrue heart facture
		Conditions, if any, which) (b) Con dispose, O. 1 reliable dispose,
		gave rise to immediate cause (a), stating the underlying DUE TO
		couse lost. (c)
9	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?  YES NO
	CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING   CAUSE OF DEATH.
		CAUSE OF DEATH.
	NCAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.  19  20d. INJURY OCCURRED While at work at work at work (State)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Hour a, m, White Not white factory, street, office bldg., etc.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.  19  20d. INJURY OCCURRED While at work
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)  White Not white at work at work at work at work p.m. 19 White at work at work Street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry and in my opinion death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner   ACTUAL  ACTUAL  CHIEF MEDICAL EXAMINER D.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of wor
2	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at w
٤	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)  While at work at work of wor
ک	22a	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work of a w

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, wrift is the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to be Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR:

a shauld be used as a burial-transit permit. File\_pages 1 2 with the State Baard of Health, ar its designated agent, priar to burial, cremation, or removal, and in any event within 72 haurs after death. 4 should be forwarded to VS. A15ME 5M 2/57

AND STREET STREET, AND STREET A STATE OF THE PARTY OF THE PAR 18i

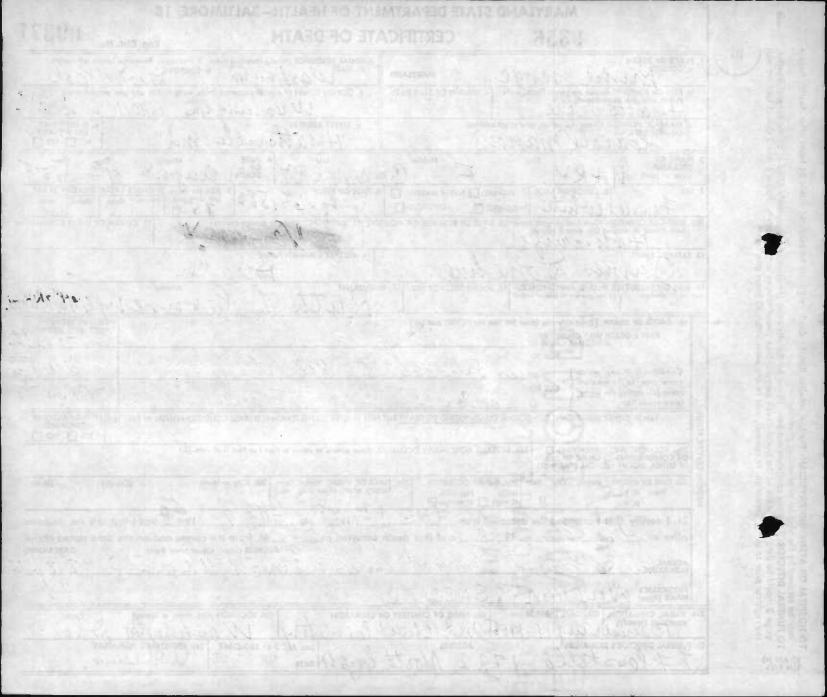
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9356

#### **CERTIFICATE OF DEATH**

Rea. Dist. No.

1. PLACE OF DEATH .  o. COUNTY SURVE GEORGE. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Washington
b. CITY OR TOWN (If outside corporate limits write RURAL and give rearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give dearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  HULLIANTELLE MA 4/X 9. IS RESIDENCE ON A FARM?  YES   NO
3. NAME OF DECEASED (Type or print) AARY First Middle	1. DATE Month Day Yeor OF DEATH Curfust 7 195
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DAY OF BIRTH 64 1883 9. AGE (In yours IFUNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
13. FATHER'S NAME Donahue.	14. MOTHER'S MATDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or yoknown) (If yes, give wor or dates of service)	Ruth L Ro Green 6,40. Kh
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mia interval between onset and death
Conditions, if ony, which) On Or Conditions, if ony, which)	Lie Heart Disease 2-moni
gove rise to immediate couse (a), stating the under-lying couse last.	Heart Failure 2 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO N
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ft. p. m. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from #23	12, 198, ta /449/, 198, that I last saw the decease
alive an Huge 6 , 12 58 , and that death	a accurred at Appress (Street, city or fown, stote)  ADDRESS (Street, city or fown, stote)
SIGNATURE Milliam 1. Paccarde	M.D. 1150 CONN AVE WASH. D.C 8/8/
PHYSICIAN'S WILLIAM T. SACCARD	1
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Cung. 11-1958 mx alive	R CREMATORY 22d. LOCATION (City, town, or county) (Sagte)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  J 7 LOUS tello 1722. North	Coch 12 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 1 1 '58



## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, withing the word "pending" in pencil is Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Keif Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Let 3 should be used as a burial-transit permit. File pages 12 with the State Baard at Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

2

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0200

	JOU							Reg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY	Prince Ge	orges	MAR	YLAND	2. USUAL RESIDEN		b. COUNT		Georges.
b. CITY OR TOWN and give negrest los Chevex	(It outside corporate fimits, w		D.O.A.	IN 1b	c. CITY OR TOW	'N (If outside co	rporale limits, write	RURAL and	
d. NAME OF HOSP	TAL OR INSTITUTION	(If not in ha	spital, give street addre	ss)	d. STREET ADDRI	ESS			e. IS RESIDENCE
Prince	Georges Ge	neral	Hospital		4903	Navahoo	Street		YES NO
3. NAME OF DECEASED (Type or print)	Henry	irst	Middle Thomas	Go	Lost	4. DATE OF DEATH	August		Day Year 19 58
5. SEX Male	6. COLOR OR RAC	7. MARRI	IED ANEVER MARRIE		5-20-99		9. AGE (In years lab thiday)		YEAR IF UNDER 24 HRS.
100. USUAL OCCUPAT during most of work Retire	ing life, even il retired	k done 10b.	KIND OF BUSINESS OR	INDUSTR	11. 8IRTHPLACE (			12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME			
Frank	Commay					Nellie	Thomas:		
15. WAS DECEASED E [Yes, no, or unknown) No	VER IN U. S. ARMED F		. SOCIAL SECURITY NO.		FORMANT	mway: 45	Address Ol Navaho	e St.	College
CAT	underlying DUE TO	b) Co NDITIONS CO		Eqs.	OT RELATED TO THE I			EN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
	ONTRIBUTING	206. DESCRIE	BE HOW INJURY OCCU	RRED. (En	iter noture of injury is	n Part I or Parl I	l of item 18.)		
20c. TIME OF INJU Hour a. m p. m		Whil		0e. PLAC facto	E OF INJURY (Home, ry, street, office bldg.	form, 20f. (Cil	y or town)	(Coun	lly) (State)
			remains describer causes . Accid		, Suicide			Inquiry rmined m	
EXAMINER: NAME (Type)	John T. M				DEPUTY MEDI	CAL EXAMINER		t 30,	1958
220. BURIAL, CREMATI REMOVAL (Specifi BURIAL)	" Sept 3,	of 58	Carver	ERY OR (		1/1/6	RION (City, town, o	nd.	(Stole)
W.E. J	R'S SIGNATURE	14	32 Vou	61	N.W. DAT	SEP 5	15.0	TRAR'S SIGN	

PARTS SEPT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

THE THE STATE TO FIRST WAS THERE IN STATE OF The Law State of The State of t executed within 24 hours after death. Page

requires that the death certificate be

ATTENDING PHYSICIAN: The

O HOSPITAL OR

9382

## MARYLAND STATE DEPA

Item 7 Film

RTM G23 IC/	ATE OF DEATH	I—BAL I	TIMORE, 1	8 Reg. D	ist. No		9374
AND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	d lived. If institution b. COUNTY	G	nce befo	7/	sion)
N 1b	c. CITY OR TOWN (If or	utside corpo	prote limits, write R	JRAL and	give ne	arest tow	n)
S	Silver Spr	ring					
	d. STREET ADDRESS				- 7		SIDENCE A FARM?
	508 Pershi	ng Dr				YES [	NO [
	Lost	4. DATE	Mon	lh	De	ру	Year
Cor	rnwell	DEATH	Augus	t	29		19 58
	8. DATE OF BIRTH		9. AGE (In years				ER 24 HRS.
	12-23-93		last birthday)	Months	Days	Hours	Min.
INDUS	11. BIRTHPLACE (State of Worsh )  14. MOTHER'S MAIDEN N	AME	The	12. CI	TIZEN		COUNTRY
17. 11	NFORMANT Ha	api	tal Addi	ess			
1	Hemoul	las	~			ERVAL B	
~	ine CKI	P os	Lucia	-		74	un

24a. REC'D BY REGISTRAR

DATE AUG 2 5

24b. REGISTRAR'S SIGNATURE arthur, S. Thank

1. PLACE OF DEATH o. COUNTY MARY Prince Georges b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY RURAL and give nearest town) Day d. NAME OF HÖSPITAL (If not in hospital, give street address)
OR INSTITUTION Prince Georges General NAME OF First Middle DECEASED (Type or print) Fmma 6. COLOR OR RACE 7. MARRIED NEVER MARRIE 5. SEX WIDOWED IN DIVORCE Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. August 20, 19 58, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at\_\_\_ 3.110PM, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William Brainin 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) REMOVAL (Specify) wre

ADDRESS

the funeral should be fi 22 pup 2. filled ges 1 c a carbo ofter re remove carb attending please à permit. ony has been signed burial-transit removal certificate 5 to 3 should be detach TO FUNERAL DIRECTOR: he registrar priar abod VS A15 (4)

15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: As 3 should be used as a burial-transit permit. File pages 1, 2 with the State Board of Health, are its designated agent, prior to burial, cremotian, or removal, and it any event within 72 hours after death.

VS. A15ME 5M 2/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	303								Keg.	DIST. NO	,,,,,	
1. PLACE OF DEATH a. COUNTY	Prince Geo	rges	MA	RYLAND	2. USUAL RE O. STATE	D.C.		sed lived. If in b. COL		dence bef	ore admission)	
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY O	R TOWN (II	outside car	rporate limits, w	rite RURAL a	nd give n	eorest town)	
and give nearest town;	Cheverly		D.O.A.			Wash	ingtor		47	x - 3	3	
d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hospit			d. STREET	ADDRESS				, , , , , ,	e. IS RESIDE	
Prince G	eorges Gene	eral H	ospital		1,	5 Br	yant S	Street			YES NO	
3. NAME OF DECEASED (Type or print)	John First	F	Middle	Da.	lton	it	4. DATE OF DEATH		ust	19	19 <b>5</b> 8	3
5. SEX	6. COLOR OR RACE	MARRIED			ATE OF BIRT	11,	1902	9. AGE (In year lost butbday)	Months	R TYEAR	Hours Min.	
100. USUAL OCCUPATIO	N (Give kind of work do life even if retired)			R INDUSTRY		York	or foreign	-		U.S	.A.	NTRY
13. FATHER'S NAME  John Dalt	on			1	A. MOTHER'S	MAIDEN I	_					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR- (If yes, give war or dates of se		nk.		Dalto	on 1	900 F	. St. Adj	Div.	ashi Wif	ngton,	D.
PART I. DEATI		e per line fo	Acut	e cons							VAL BETWEEN T AND DEATH	
gave rise to immed (a), stating the u cause last.												
PART II, OTH  200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	ER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERM	INAL DISEAS	SE CONDITION	GIVEN IN PA		PERFORMED	25
	SE WAS	. DESCRIBE I	HOW INJURY OCC	URRED. (Ente	er nature of i	njury in Por	t I or Part I	of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	While	JURY OCCURRED  Not while of work	20e. PLACE factory	OF INJURY ( , street, offic	Home, farn e bldg., etc	20f. (Cit	y or lown)	(C	ounty)	(Sto	ate)
ACTUAL SIGNATURE	at I tack charge resulted from: N	atural co	loney	cident [	Suicid	MEDICAL EX	Homicide KAMINER [		etermined		and in	
22g, RURIAL CREMATION		2	studge es		RY	MEDICAL		TION (City, tov	ugitst m, or county)		1958 (Stote)	
Trans. Buris 23. FUNERAL DIRECTOR  F. Gasch's			lans Fund	d.	ome		Alba D BY REGIS G 2 2 'E	TRAR 24b, R	GISTRAR'S S Inthun &	IGNATUR		

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		QLZL CERTIFIC	ATE OF DEATH Reg. Dia	1 (1401)
	1.	PLACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE b. COUNTY Alle	e before admission)
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	
50	-	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION USAF Hospital Andrews, Andrews AFB	d. STREET ADDRESS 411 Fannel	e. IS RESIDENCE ON A FARM? YES NO X
	3.	NAME OF First Middle DECEASED (Type or print)	Davis 4. DATE Month Of August	21 19 58
	1	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   MODION   DIVORCED   DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS. Days Hours Min.
	100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		ited States
1	13.	FATHER'S NAME William Davis	14. MOTHER'S MAIDEN NAME  Florence R. Bonne	22
)	15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Father, 1725 D St., S.E., Wash, D	
0)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause lost.	itz	INTERVAL BETWEEN ONSET AND DEATH /239 6 /25
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		19. WAS AUTOPSY PERFORMED? YES NO K
	CERTIF	206. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part t or Part II of item 18.)	
	MEDICAL		LACE OF INJURY IHome, farm, 20f. (City ar town) (Cactory, street, office bldg., etc.)	Caunty) (State)
,		21. I certify that I attended the deceased from 1250 kg alive an 21 August, 1958, and that death actual signature of the sign	h accurred at ADDRESS (Street, city or town, state)  MD. USAF Hospital Andrews	
/	22	PHYSICIAN'S DOUGLAS E. PIERCE, Capt, USAF  D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMEYERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9384 **CERTIFICATE OF DEATH** director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed b. COUNTY MARYLAND rince George Martland nce George death era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) shauld Cheverly days Bowie d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 24 Prince George General Box 337. Church Lane Ξ NAME OF First Middle 4. DATE Lost Month filled DECEASED (Type or print) John DEATH Davis August 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost burthday) White WIDOWED [ DIVORCED Oct. 1903 Mae 100. USUAL OCCUPATION (Give kind of work Bone 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retiged 13-FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö 中 physici WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per/line for (o), (b), a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not while While of work ot work p. m. 21. I certify that I attended the deceased from. and that death accurred at 10:20AW, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE should the registrar PHYSICIAN'S NAME (Type) FUNER! BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

ADDR695

DANUG 2 5 '58

IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSE AND DEATH PERFORMED? YES NO (County) (Stote) Sthat I last saw the deceased DATE SIGNED or county 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthung S. Kraus

Reg. Dist. No.

e. IS RESIDENCE

Day

ON A FARM?

YES NO

Year

19

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death. If any delay is necessary, please 2 and 3 to the funeral director. Page HEALT 2 with the State Board of Health, 12 with the State Board of Health, 12 with the State Board of Health, 13 with the State Board of Health, 14 with the State Board of Health, 15 with the State Board of Health Health, 15 with the State Board of Health Health, 15 with the State Board of Health Health Health, 15 with the State Board of Health Hea

9385

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 9377

				1/00
	1. 9	PLACE OF DEATH OF COUNTY Prince Googs MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Resides of STATE COUNTY COUNT	ence before admission)
A	10	C. CITY OR TOWN (If outside corporate limits, who EURAL ond give necrest tyrn)	c. CITY OR TOWN (If a dide corporate limits, write RURAL on	d give neared lown)
0	000	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give treef address)	d. STREEY ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D
		NAME OF DECEASED (Type or print)  NAME OF Middle	LOST 4. DATE Month OF DEATH	Day Year
7	5. S	COLOR OR RACE 7. MARRIED TOVER MARRIED	DATE OF BIRTH  9. AGE (In years IFUNDER Moults Moults)	TYEAR IF UNDER 24 HRS. Days Hours Min.
)	10a	USUAL OCCUPATION (Give hind of work done 10b, KIND OF BUSINESS OR INDUSTI Juning most of working the stin if retired)	11. BIRTH ACE (Side or Toreign county)  12. CIT	IZEN OF WHAT COUNTRY?
		FATHERS AME Planis	14 MOTHER'S MAIDEN NAME	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. 10 of onling you) (If yes, give wor or doles of service) 57940 9342	north Daves, son	400 #2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  9744 MMEDIATE CAUSE (a)  DUE TO	~	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	4	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?  YES NO
	CERTIF	206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	ter noture of injury in Port I or Port II of item 18.)	~
	C.BICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJUN OCCURRED 20e. PLACE Hour o. m. 8 - 13 1958 White Not white of work of work	EEOF INJERY (Home, form, 20f. (City or town) (Cory, street office bldg., etc.)	(State)
		21. I cartify that I took charge af the remains described abort opinion death resulted from: Natural causes, Accident [		
		ACTUAL SIGNATURE CAMPON D. & Boyd	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
2		EXAMPLES I BOYD	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	13,1958
	120	BURIAN CREMATION. 226 DATE THEREOF 322c. NAME OF CEMETERY OR SURVEY OF WAShington,	Detional Suitand, Ma	regional
	23.	FUNERAL DIRECTOR'S SIGNATURE ( Woshington)	10 10 110 1 5 150 0 71 0	GNATURE Kraup,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after execute the certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 3.4 should be farworded to be Chief Medical Examiner's Office along with form PM3. For FUNERAL DIRECTOR: Loge 3 should be used as a burial-transit permit. File pages 1, or its designated agent, priar to burial, crematian, ar removal, and in any event within VS. A15ME 5M 2/57

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VS A15 (4) 15M 10/57 M

ARYLAND STATE DEPARTMEN	T OF	HEALTH-BALTIMORE,	18
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9355 CERTIFICATE OF DEATH

M

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Prince George's  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before on STAT Maryland b. COUNTY Prince Ge											
-	RURAL and give	(If outside corporate liminearest town) Park, Md	ts, write	c. LENGTH OF ST		c. CITY OR TOWN	(If outside carpo	orote limits, write R	URAL and	give nearest t	own)
d.	OR INSTITUTION	PITAL (If not in hospital, gantucket Ro		oddress)		d. STREET ADDRESS				OI	RESIDENCE N A FARM?
DE	AME OF CEASED ype or print)	Jose	st		e Mel	Lost	4. DATE OF DEATH	Augus		Day 1958-	Year
5. SEX	male	6. COLOR OR RACE white	7. MARR	D DIVO	RRIED	8. DATE OF BIRTH Oct 23, 18	387	9. AGE (In years birthday) yrs.	IF UNDER	Days Hou	NDER 24 HRS.
Oa. L	USUAL OCCUPAT Buring most of wo None	orking life, even if refired	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPLACE (SI		auntry)	12. CI	US A	AT COUNTRY
3. FA	THER'S NAME					14. MOTHER'S MAIDE	N NAME		-		
		Unk	nown			Unl	cnown				
5. W	AS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17. I	NFORMANT		Addi	ess		
į res, no	so, or unknown)	(If yes, give wor or dotes of so	ervice)		Gu	rtrude Mon	iz Col	lege Par	ck. N	ld.	
1	gave rise to cause (a), stating lying cause last PART II. O	g the <u>under-</u> DUE TO	)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	PEI	AS AUTOPSY RFORMED?
ニ	00. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJUR	YOCCURRE	D. (Enter nature of injury	in Part I or Par	t II af item 18.)		1 153	LI NO P
CERT	F EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)									
CER.	F EITHER, NOTIF Dc. TIME OF INJU Haur a. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Manth, Day, Yec	20d. IN While at wark	IJURY OCCURRED Not while of work	20e. PL/	ACE OF INJURY (Home, f ctary, street, affice bldg.,	orm, 20f. (City	r or town)	(	County)	(State)
2 a A St	F EITHER, NOTIF Dc. TIME OF INJU Haur a.m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Manth, Day, Yec	While at wark	Nat while at work	for	ACE OF INJURY (Home, for chary, street, affice bldg., 19,5 /, tage accurred at M.D.	M, fraf	200 E	t,that I	last saw th	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9386

### **CERTIFICATE OF DEATH**

09379 Reg. Dist. No.

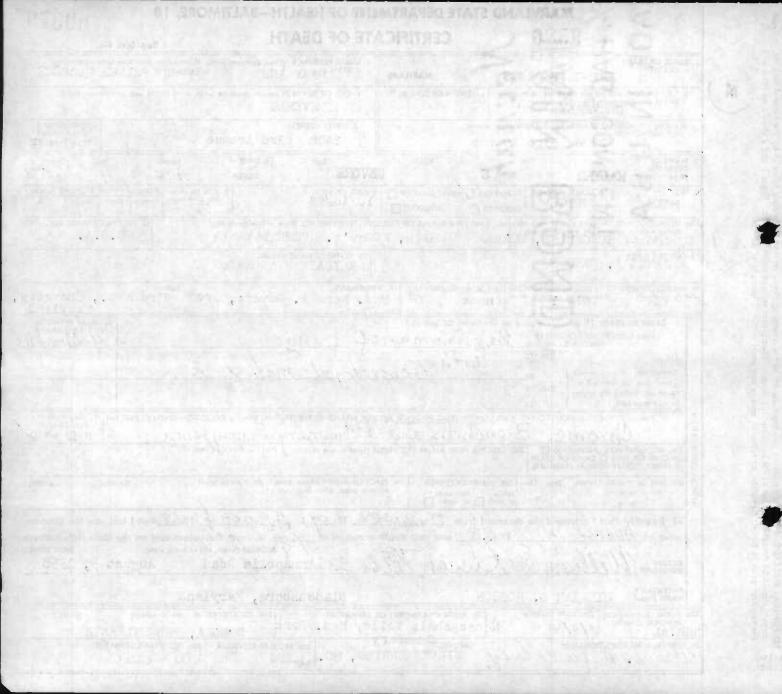
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apletely filled in by the funeral director, lers. Pages 1 and 2 shauld be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspita

TO FUNERAL DIRECTOR: After the page 3 should be detached the registrar prior to burial, cre VS A15 (4) 15M 10/57

1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY PRINCE GEORGES
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) CHEVERLY	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest tawn)  38 CHEVERLY
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2808 63rd Avenue	d. STREET ADDRESS  2808 63rd Avenue  e. IS RESIDENCE ON A FARM? YES \( \subseteq NO \( \subseteq \)
3. NAME OF DECEASED (Type or print) WALTER C	DEVORE Lost 4. DATE Month Day Year OF DEATH AUG 4, 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH 10/16/98  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) EQUIPMENT SPECALIST, BUREAU OF SHIPS, I	DUSTRY 11. BIRTHPLACE (State or foreign country) USGov't. PENNSYLVANIA  12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME A. DEVORE	14. MOTHER'S MAIDEN NAME ELIZABETH ANDERSON
	Mrs. Nora A. Devore, 2808 63rd Ave., Cheverly Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)	of Lung Interval Between ONSET AND DEATH GRAND DEATH G
El Chronic Bronchitis and	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO (1) RED. (Enter nature of injury, in Part I or Part II bit item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, tarm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
actual SIGNATURE William Desson M	th accurred at 9 5M, from the causes and on the date stated above.  PADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 5301/Annapolis Road  August 5, 1958
PHYSICIAN'S WILLIAM D. ROSSON	Bladensburg, Maryland
220. BURIAL, CREMATION, REMOVAL (Specify) 8/9/58 Monongahela Va	lley Mem. Park DONOBA DENNEYT WANTA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COME LET SILVER SPE	24a. REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATURE



24a. REC'D BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

arthur S. Kraus

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M	1. PLACE OF DEATH	1

Page 4

empletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with

the attending physician and

by the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician an eletacher are use as the burial-transit permit. Then please remove carbot it to burial, crematian, ar remaval, and in any event within 72 hours after or the contract of t

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23. FUNERAL DIRECTOR'S SIGNATURE

_	3400		AIL OF BEATT	* R	eg. Dist. No.
	PLACE OF DEATH O. COUNTY PYINE GEORGES	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution:  b. COUNTY	Residence before admission) RINERGEORGES
H	AS 11N9(01 22 DC 8)	OF STAY IN 16	WAShinge	utside corporate limits, write RUR/	AL and give mearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RESIDENCE		d. STREET ADDRESS 4935-Tem	ple Hill Kd SE	e. ts residence On a farm? YES \( \) NO \( \)
	NAME OF DECEASED (Type or print) Rau Nan Marxie	Middle Bick	en S	4. DATE Month OF DEATH CLLC 3/	Day Year 1958 19
	6. COLOR OR RACE 7. MARRIED NEV	DIVORCED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
7		USINESS OR INDU	Shanpes Co	or fareign country)	12. CITIZEN OF WHAT COUNTRY
13.	MORGAN Miller		14. MOTHER'S MAIDEN N.	oth Keller	4
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. I	WEIA PREV	rost Washi	NG 22 &C
	442X DUE TO	ongestiv		ailnize scular Kenal Disc	INTERVAL BETWEEN ONSET AND DEATH GNE day
CERTIFICATION	VIE EITHER MOTIES MEDICAL EVALUATION	rophi	Carrature of injury in Po	1/15	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU. Hour o. 11. p. m. 19 While of work of work	JRRED 20e. PL	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the deceased from A alive on Line 3 0 1958, a ACTUAL SIGNATURE PAUL (VANN)				hat I last saw the deceased on the date stated above the DATE SIGNED
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME	E OF CEMETERY O	R CREMATORY	22d. LOCATION (City, lown, or co	ounty) (State)

ADDRESS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After page 3 should be detached the registrar prior to burial, c

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the state of the s	

VS A15 (4) 1SM 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9436 CERTIFICATE OF DEATH Reg. Dist. No. (19381
	PLACE OF DEATH  b. COUNTY  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)  RURAL and give nearest town)  Avondale  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  Arlington
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) 4922 La  or INSTITUTION Carrollary & Navy Rdx  d. STREET ADDRESS  1111 Army & Navy Rdx  e. IS RESIDENCE ON A FARM? YES D
	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH  AND TE Month Day Year OF DEATH  AND TE MONTH DOWN YEAR OF DEATH  AND THE MONTH DOWN YEAR OF DEA
5. :	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 7 November 1879 November 1979
100	USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  12. CITIZEN OF WHAT COUNTRY  Taly  12. CITIZEN OF WHAT COUNTRY  Label Country  A.
13!	FATHER'S NAME
	Michael Torrillo Filamo Gagliardi
IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 1
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OF CINOMA OF COLON WILL WE COUSE OF COLON WILL WE CAUSE (o)  ONSET AND DEATH  OF COLON WILL WE CAUSE (O)
	Canditions, if any, which gove rise to immediate cates (a), stoting the under-lying cause last.  DUE TO  (b)  DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED FIACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  10  11  20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
,	21. I certify that I attended the deceased from 20 Ard, 19 8, to 30 Ard, 19 That I last saw the decease alive an 20 Ard, 19 8, and that death acturred at 10 M, from the causes and an the date stated above ADDRESS (Street, city or lown, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)
220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23	Pount Univer Cemetery Washington D. G.
	he C H Histor Go 2001 11th Ct N H
	ne S.n. files Co., 2901 14th St. N.W., DATE SEP 3 '58 Cultur & Thomas

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	CERTIFICATE OF DEATH
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	The attent costs of the contract famous for the contract for the contract of the contract for the contract of

VS A15 (4) 15M 10/57

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE	(Where deceased lived	I. If institution: Resider	nce before admission)
Prince Geor	res	MARYLAND	Maryland		Prince Ge	orgas
b. CITY OR TOWN (If o RURAL and give near	outside carporale limits, write est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate li	mits, write RURAL and	
Cheverly		51 days	Brandwine		CONTRACT IN	
OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREET ADDRESS		V25-110	e. IS RESIDENCE ON A FARM?
Prince Geor	ges General Ho	spital				YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Month	Day Yeor
	Rachel  S. COLOR OR RACE   7. MARR	Ann	B. DATE OF BIRTH		August	19 19 58
	Ne cro WIDOWE	Dep.	B. DATE OF BIRTH	7.0	E (in years t birthdoy) Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (SIE	ote or foreign country		TIZEN OF WHAT COUNTRY
during most of working	g life, even if retired)	WN HOME	2 Ma.	ry Lane	4	U.S.A.
13. FATHER'S NAME	LENYY	Butler	14. MOTHER'S MAIDE	N NAME	1	
重量和	PERE	tet	Della	ANN	But	ler
IS. WAS DECEASED EVER I	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT	1	Address	
(Yes, no. or uphnown) (If	yes, give war or dates of service}	NONE D	ella A.K	sutler	Nayl	or, M.L.
1B. CAUSE OF DEATH	[Enter only one cause per lin	e for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	ortical necros:	is of the ri	ght kidne	y	ON THAN OUTS.
1714	TIMEDIAIE CAOSE (O)					
1///	DUE TO	lateral Hydro	anhmadia wi	+h mmemia		6 months
Conditions, if ony,	IDI	Taterat Hydro	Teburos Ta MI	on dremia.		O marono
gove rise to imm couse (o), stoting the	under- DUE TO					
lying couse last.	(c) Ca3	ccinoma of the	Cervix Uter	i		2 years
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE CON	IDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
3						YES X NO
PANT II. OTHER  200. ACCIDENT WAS 1 OR CONTRIBUTING  OF C	CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	). (Enter nature of injury	in Port I or Port II of	item 1B.)	
	= '	WAY OCCUPED 100- BL	CE OF INDUSTRY OF	low you		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. IN While of work	Not while foo	ACE OF INJURY (Home, for tory, street, office bldg.,	orm, i 20f. (City or to	wn) (1	County) (State)
21 I cartify that	I attended the decease	od from	10158 10	29 aug	10.58 About	last saw the deceased
1.	7 0	ACCOUNT OF THE PARTY OF THE PAR	9-11/22/100			
alive on Assa	, 19:	1_0_, and that death	occurred at 9:0	U_JM, fram the	causes and an t	he date stated above
1	PM3/1-		5.	ADDRESS (Street, o	ity or town, store)	DATE SIGNE
SIGNATURE	VIOCA	nes	M.D.	Dey /y	racowo 1	110 8 29
		,	1//			J-194-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
PHYSICIAN'S NAME (Type)		15				
	DATE THEREOF	I				
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OF	REMATORY	22d LOCATION	City, town, or county)	(Stote)
BUYIZI	19/2/58	HOLY JANC	tifier	DIANO	yw, NE	11d.
23. FUNERAL DIRECTOR'S S	SIGNATURE A	ADDRESS /	240. RE	ECO BY REGISTRAR	246. REGISTRAR'S SIG	
Heult	Huneral Hon	ue Walder	/ Kel DATE	SEP 4 58	Chiling .	S. Traus
July 1	Work of the state		DAIE			

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(19383) Rea. Dist. No.

0222				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	b. COUNT	
b. CITY OR TOWN (If autside corporate limits. RURAL and give nearest town)	, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ce Georges RURAL and give nearest town)
Cheverly Md.	5 days	X Upper Marli	0000	
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	re street address)	d. STREET ADDRESS	3020	e. IS RESIDENCE ON A FARM?
Prince Georges Gener	ral Hospital	None_		YES NO NO
3. NAME OF First DECEASED (Type or print)	Middle	Lost	OF DEATH	onth Day Year
rercy	7. MANDEOLIX NEXEX MANDEOLIX	Buvall  8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOW BOLL DIVORCED	7-20-73	last birthday)	Manths Days Hours Min.
Oo. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	County		e or foreign country)	12. CITIZEN OF WHAT COUNTRY
(Ret. Justice of P	eace-Circuit Ct	Mary		United Stations
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Benjamin Franklin	Duvall	Susan Ja	ne Sasscer	
IS. WAS DECEASED EVER IN U. S. ARMED FORCE		INFORMANT		ddress
(Yes, no. or unknown) (If yes, give war or dates of ser				
No		Cathe	erine Burrough	s Upper Marlboro
1B. CAUSE OF DEATH [Enter only one cou	se per line for (o), (b), and (c).]	10 11	6	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cinakaal	Emfel	ine	ONSET AND DEATH
IMMEDIATE CAUSE (o)	- Colored	000		8 - 12
442 X DUE TO	11/1	10	1- 1-	0 1 0
Canditions, if any, which ) (b).	Hyperlens	in lar	cho-14s	cular 6 gra
gave rise to immediate (	1			
couse (a), stating the under-	R . 1 25	in Anne		
lying couse last. ) (c).	Tonas F	VICENT		
PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	WINAL DISEASE CONDITION O	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT COND	erisis - Fa	sull an	commo 15	VES TOTAL YES NO L
	20b. DESCRIBE HOW INJURY OCCURRI			
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	no	1		
20c. TIME OF INJURY Month, Doy, Year Hour a.m.	r 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (Stote)
Hour a.m.	WhileNot white fo	octory, street, office bldg., e	tc.)	
p. me 19	at work ot work			
21. I certify that I attended the	deceased from Assessat	72 19 E8 to A	met 17 195	8 that I last saw the deceas
alive an August 17	_, 19 <u>58</u> _, and that deat	n accurred at 0:1		
1 1	21	1.0	ADDRESS (Street, city or tow	n, stole)
SIGNATURE COMES	· Hancon	MD ELAT	er Wark	have, my
2				A
PHYSICIAN'S		140	bei Ma	474060W
NAME (Type) Dr. James S	asscer M.D.	P	1 - 1 · Q	10000
220. BURIAL, CREMATION, 226. DATE THEREOF	F 22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town	n, or county) (State)
REMOVAL (Specify) Rurial Aug. 19.	1958 St. Thom	as Cemetery	Croom	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Upper			GISTRAR'S SIGNATURE
			150	
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	Market Street	Marie Cartin	
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	morto, asia		
THE STATE OF THE PARTY OF	Conference of the		Tellosin

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR'STATE Reg. Dist. No. HEALTH-DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY LOUNT LENGTH OF STAY IN 16 corporate limits, write RURAL and give neares d. STREET ADDRESS OR INSTITUTION (If not in haspital, give shet address) 3. NAME OF Middle DECEASED DEATH (Type or print) NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER LYEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED Months WIDOWED [ DIVORCED [ done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20. PLACE OF INJURY (Home, form, 20f. factory, street, office bldg., etc.) at work ot work 21. I certify that I tak charge of the remains described above, held on Autopsy Inspection | Suicide Homicide . apinion death resulted from: Natural causes ... Accident . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR 22c. NAME OF CIMETERY OR CREMATORY 22d. LOGATION (City, town, 40 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM YES NO

Hours

PERFORMED? YES [7]

NO C

(State)

and in my

DATE SIGNED

DATE AUG 2 0 '58

VS. A15ME

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Prince MARYLAND Georges Pr. Geo. Marvland b. CITY OR TOWN It outside corporate limits, write RUPAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Greenbelt Greenbelt d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 50 D. Cresent Road 50 D. Cresent Road YES NO 3 NAME OF Middle 4. DATE Last Manth Day Year DECEASED (Type or print) Julian Faulconer Thomas DEATH 58 August 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 65 lost birthday) Months Days Hours Min. Male white WIDOWED | DIVORCED T March 2h. 1893 YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

Dairy

Virginia 12. CITIZEN OF WHAT COUNTRY? Dairy Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Faulconer Mary Morris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown 224-26-4894 Agnes C. Faulconer: same address as # 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Exhaustica IMMEDIATE CAUSE (o) DUE TO Careiness of lung Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS Y PERFORMED? YES | NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote) factory, street, affice bldg., etc.) Hour Nat while g. m. ot work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry M, and find that death resulted from: Natural causes 1. Accident . Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John T. Maloney, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER IX August 5. 1958 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) 8/7/58 Grove Virginia Locas 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hyattsville Md. F. Gasch's Sons DATE G 7 - PRILL'A

cute the certificate, w 0 0 VS. A15ME(5) SM 9/55

farwarded to the Chief FUNERAL DIRECTOR:

EXAMINER:

DEPUTY MEDICAL

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Tarrett Run August 5,		DILES IFF	
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CEPTIFICATE OF DEATH

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	2200	CERTIFIC	AIE OF BEATH	Reg. Dist	t. No.
1. PLACE OF DEATH o. COUNTY	Po For	MARYLAND	2. USUAL RESIDENCE (Where degeo	b. COUNTY	e before admission)
b. CITY OR TOY'N RURAL one give	(If outside corporate limits, vineorest lown)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RURAL ond gi	ive nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Eva	Middle	Tauta 4. DATE OF DEAT	CK 2	Day Year
5. SEX 7	2000	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/22/1888		YEAR IF UNDER 24 H Days Hours Mi
House	rking life, even if retired)	10b. KIND OF BUSINESS OR INDI	Prince George	~	VL, S,
13. FATHER'S NAME  unknown			Nan Tilling		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES		Hazze mc	Address	Zaun
Conditions, if gove rise to coese (o), stoting lying couse last  PART II. O	the under-	Traffice  IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTO PERFORMED YES NO
20g. ACCIDENT W	AS UNDERLYING 1201 G.D. CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I ar Po	art II of item 18.)	
20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED While Not while al wark ar work	LACE OF INJURY (Home, farm, 20f. (Coctory, street, office bldg., etc.)	ity ar town) (Co	aunty) (St
21. I certify alive on	ng I attended the de		h accurred at 6 M, from ADDRESS M.D. 314		e date stated al
PHYSICIAN'S NAME (Type)	NBST ON, 22b. DATE THEREOF	S W ARD	DE CREMATORY 22 100	ATION (City, town, or caunty)	nj
REMOVAL Specif	Olt, MICHELOF	AZC. NAME OF CEMETERY	JA CREMATORY 228. LOC	ATION (CITY, TOWN, OF COUNTY)	(State)
23. FUNERAL DIRECTO	1 1 -	Cedar Hil	1 Cemetery   Pri	nce Georges (	o. Md.

mpletely filled in by the funeral director, bers. Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 this certificate has been signed by the ottending physician and use as the burial-transit permit. Then please remove carbatic cremation, or remayal, and in any event within 72 hours after a may be relained by the hospital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been s page 3 should be detached to use as the burial-transit the registrar prior to burial, cremation, or remayal, and VS A1S (4) 15M 9/5S

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VS A15 (4) 15M 9/55

10	1. PLACE OF DEATE

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9439

**CERTIFICATE OF DEATH** 

09387 Reg. Dist. No.

1. PLACE OF DEATH  O. COUNTY  PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Maryland Prince Garge
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
OHILLUM 3 YEARS	* Chillon
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1413 MADISON ST.	1413 Mosison St. YES NOW
3. NAME OF DECEASED (Type or print) Agnes Genevive	e Finegan 4. DATE Month Day Year OF DEATH Aug, 22 1958
5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED	B. DATE OF BIRTH 9. AGE HT years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Caucasian WIDOWED   DIVORCED	Sept, 23, 1875   lost birthday)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)  HOUSEWIFE  HOUSEWIFE	Neusersey USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William O'Leary	Catherine O'Have.
	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	rtice Finepain 1413 Hodisun St, Chillen
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Urterioscle	rosis, generalized, sivere my place
11/20 2	
Conditions, if ony, which )	
gave rise to immediate	
cause (o), stoting the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 HV teriosclevetic (terit	DISCOSE YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the form of the p. m. 19 at work	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram OCT	1954, ta Aug. 22, 1958, that I last saw the deceased
1-9 4-9	occurred at 7545 P.M. from the causes and on the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Mellan of Muripon	MD. 6216 NH NE 8/22/54
PHYSICIAN'S (), LLIAM F SIMPSON.	woshington, D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY O	R PREMATORY 22d. LOCATION (City, town, or county) (Stote)
BENOVAL (Specifix) 8-26-58 Holy name	Cometery Versey City, M. J.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS USA	240. REC'D BY REGISTRAR 24 TEGISTRAR'S SIGNATURE
Travers Kellins 382114 H. St.	h y) DATE AUG 2 5 '58 arthur & tracks
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		Marie Carlotte
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Ttem 12 FilmG232 CERTIFICATE OF DEATH 9390 Page director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY a. STATE b. COUNTY d-berfiled MARYLAND Prince Georges Marvland haurs after death. funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 29 Cheverly North Beach shou d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS by Prince Georges General Hospital Dayton pup 5 NAME OF First Middle 4. DATE Last Month DECEASED (Type or print) DEATH Garner Nora August VIRGINIA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) DIVORCED [ Female White WIDOWED [ 31 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN 16. SOCIAL SECURITY NO. Address yes, give war or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY ASTATIC IMMEDIATE CAUSE (a) DUE TO þ permit. Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underond lying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, ; 20f. (City or town) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a. m While Not while 19 at work of work p. m 21. I certify that I attended the deceased from, and that death occurred at Market Mr. from the causes and on the date stated above. alive on. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL 3 should PHYSICIAN'S NAME (Type) Dr Hohn Keohoe 22b. DATE THEREOF 220. BURIAL, CREMATIO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, REMOVAL (Specify)

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No. 09388

. IS RESIDENCE ON A FARM?

YES NO

Year

19 58

Calvert

6

Days

USA

30 9

(County)

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

\_\_,that I last saw the deceased

Manths

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> 19. WAS AUTOPSY PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

page 0 0

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. e. IS RESIDENCE YES NO A Doy 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Haurs 12. CITIZEN OF WHAT COUNTRY? ZRELAND

> INTERVAL BETWEEN ONSET AND DEATH

> > PERFORMED? YES NO

> > > (Stale)

(State)

Months

Days

(County)

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VS A15 (4) 1SM 9/55 M

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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9440 CERTIFICATE OF DEATH

09390

													_
	COUNTY	Prince Geor	ges	MARYL	AND	2. USUAL RESID	DENCE (Wh	ere decease	d lived. If institu b. COUNT		nce befare ac	Imission)	
Ь	CITY OR TOWN (I RURAL and give no	f autside corporate limit earest town)	s, write	c. LENGTH OF STAY II	и 16		own (If o		orate limits, write	RURAL and	give nearest	tawn)	1
d	OR INSTITUTION	AL (If not in hospitol, g		oddress)		d. STREET A	DDRESS			S.E.	0	RESIDENCE	?
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D	AME OF ECEASED 'ype or print)	Newborn Ir		Son		Gonzal		4. DATE OF DEATH		gust	Doy 3	Year 19 58	3
5. SI	x ale	6. COLOR OR RACE	7. MARE	NEVER MARRIED DIVORCED	122	2 Augus		Ŕ	9. AGE (In year lost birthdoy)	Months	Doys Ho		
-				KIND OF BUSINESS OR						1	TIZEN OF W	HAT COUNT	TPV2
	None	king life, even if retired)	oune Too.	None	INDUS		Maryl	and			U.S.	HAT COUN	IKIY
13. F	ATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
M	arcilos A	ndrew Gonz	ales			Mary E	lizab	eth T	hompson				
15. V	VAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		17. IN	FORMANT			Ac	dress			
{Yes,	No	(If yes, give war or dates of se	staice)	None	Fat	ther, 48	07 Al	abama	Ave, S.	E. Wa	sh., D	.C.	
		ATH [Enter only and co TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ne for (a), (b), and (c).] Respiratory	Dist	tress					ONSET	L BETWEEN AND DEATH OURS	
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z				CONTRIBUTING TO DEA	TH BUT !	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION G	IVEN IN PAR	T 1(o) 19. W	AS AUTOPS	5 Y
CATIC											PI	REORMED?	
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	ot Applicabl		. (Enter noture o	f injury in P	Part I or Po	rt II af item 18.)				
3	Oc. TIME OF INJUR		-		20e. PLA	CE OF INJURY (	Home, farm,	. 20f. (Cit	y or town)	(1	County)	(Sto	ife)
MEDI	Haur a.m. p.m.	19	While at war	k at work	foct	ary, street, affice	bldg., etc.	)					
	21. I certify th	at I attended the	deceas	ed fram 2 Augu	ıst	19.58	, ta_3_	Augus	t, 19	8, that 1	last saw	he deced	ased
	alive on 3 p		7_, 19	58?, and that			2:50A	M, fra		and an t			ave.
	ACTUAL	ouglas	. (	6. Tues	OD N	A.D. USAF		,			3 Au	gust	195
	PHYSICIAN'S NAME (Type) DC	OUGLAS E. P	IERCE	E, CAPT, USA	AF (	MC)Andre	ews_Ai	r For	ce Base	Wash	ingtor	25, 1	DC
220.	BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEME					TION (City, town			(Stote)	
Bu	REMOVAL (Specify)	AUG. 5, 1	958	ARLINGTO		NATION	PL	FT.	MYER	1/2	INIA	(31010)	
23. F	DIRECTOR	14.11/14	Ild.	~ ADDRESS			24a. REC'I	D BY REGIS	TRAR 246. REC	ISTRAR'S SI	GNATURE		
R	inaldi's I	meral Hom	e, W	ashington,	D.C.		DATELUG	7 '5	8 66	Leau	er		

2050274XV4

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded the Chief Medical Examiner's Office along with form PM3. Part 5 may be retained for your files.

TO FUNERAL DIRECTOR: A 3 should be used as a burial-transit permit. File pages 1 2 with the State Board of Healthmore its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

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FOR STATE HEALTH DEPT.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	Reg. Dist. No. 19391

	93	91 N	IEDICA	AL EXAMIN	IEK'S	S CERTIFI	CAI	E OF	DEATH	Reg. D	ist. No	09391
1,	PLACE OF DEATH					2. USUAL RESID	ENCE (W	here deceos	sed lived. If insti	lutian: Resid	ence bef	ore odmission)
	o. COUNTY	Prince Ge	orges	MAR	YLAND	O. STATE	/irgi	nia	b. COUN	TY P	age	
	b, CITY OR TOWN (	If outside corporate limits, a	write RURAL	c. LENGTH OF STAT	IN 16	c. CITY OR TO	OWN (IF	outside corp	porate limits, writ	e RURAL on	d give ne	corest town)
		Cheverly		D.O.A.		5	Stan]	ey	8	3x = 5		
	d. NAME OF HOSPI	TAL OR INSTITUTION	(If not in h	ospital, give street addre	ess)	d. STREET AD	DRESS					e. IS RESIDENCE
	Prince C	eorges Ger	neral	Hospital		I	Route	1.				YES NO
3.	NAME OF DECEASED (Type or print)	Luther	First	Middle Leon	Go	lost		4. DATE OF DEATH	August		Day	Yeor 19 <b>58</b>
5.	SEX	6. COLOR OR RAC		RIED NEVER MARRIE	ED 🔲 8	. DATE OF BIRTH			9. AGE Ile years		TYEAR	IF UNDER 24 HRS.
	Male	white	WIDOW		_	October	. 8.	1908	last birthday)	Months	Doys	Hours Min.
10	. USUAL OCCUPATI	ON Give kind of wor	rk done 10b.	KIND OF BUSINESS OF	INDUST		-				IZEN OF	WHAT COUNTRY
	Carpente	ng life, even if relired		Constructio	n	Virgin	nia				u.s.	A.
13	. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME				
		es Madisor				Ann	na I	owery	r			
	. WAS DECEASED EV	/ER IN U. S. ARMED I	of service)	SOCIAL SECURITY NO		NFORMANT			Addres	9		
	Yes	W.W.2		223-18-8232	A	nnie Paul	line	Good;	same a	addres	8.	
	Conditions, if gave rise to imme (o), stating the cause last.	underlying DUE T	(b) (b) (c) (c)	Acute conge Cardiovascu	lar :	renal dis	ease					T AND DEATH
CERTIFICATION	20g. EXTERNAL CA	USE WAS		BE HOW INJURY OCCU						VEN IN PAR		PERFORMED?
CERT	PRIMARY OF CO	NIKIBUHNG LI										
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		Whi		20e. PLAC facto	CE OF INJURY (Hor ory, street, affice bl	me, form, dg., etc.)	20f. (City	or town)	(Cod	unty)	(Stute)
				remains describe	_	-		_	spection K		, C.	and in my
	ACTUAL SIGNATURE	John.	D. W	Jaloney		M.D. CHIEF MED			R []			DATE SIGNED
	EXAMINER'S NAME (Type)	John T. Ma	alonev	. M.D.		DEPUTY ME	EDICAL EX	(AMINER -	Ang	ust 1	. 7	.958
220	BURIAL CREMATION REMOVAL (Specify Burial	ON. 1226. DATE THER		Family C		CREMATORY		22d. LOCAT	TION (Cily, Iown,			(Stote)
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			o. REC'D	BY REGIST	RAR 246 REG	STRAR'S SIC		
	F. Gasch	's Sons	Hyatt	sville Md.		D	ATE AL	JG 5	'58 U	thed	uch	

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necessary, pleas I director. Pag far your files. retained far State death. May pages Item 18. Give Pages along with form PM3. File burial-transit Office 0 os Exa used Chief Medical E should be used wor 3 Sh execute the certificate, a should be forwarded bruneral Director: designated

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FC	OR S	TATE	
HEA	ALTH	DEP	

o. COUNTY 3. NAME OF DECEASED (Type or print) 5. SEX Female

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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..0202

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9392 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate fimile, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) Cheverly D.O.A. Fairmount Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 5907 Sheriff Road. N.E. YES TO NO F Middle 4. DATE Lost Yeor 19 58 Dorothy Celestina Green DEATH August 10th 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yours IF UNDER LYEAR IF UNDER 24 HRS. fast birthday) Months Days Hours WIDOWED T DIVORCED | 36 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, give war or dates of service! Dorothy Crabbe: 3984 East Capitol St. D.C. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) DUE TO Stab wounds of chest Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING Stabbed in back with a knife held by another person. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) While of work of work Yard at home F irmount Heights. Pr. 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my opinian death resulted, fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) August 10. 279 BURIAN CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE aring S. Traus DATE AUG 1 8 '58

2 VS. A15ME SM 2/57

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# ompletely filled in by the funeral director, pers. Pages 1 and 2 should be filed with \*

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on page 3 should be detached or use as the burial-transit permit. Then please remove carbather registrar priar to burial, cremation, ar removal, and in any event within 72 haurs ofter a

VS A1S (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9441

CERTIFICATE OF DEATH

101		
Reg.	Dist.	No.

Dist.	No	()	IJ	3	y	¢	
DIST.	MO.						

0000

1. PLACE OF DEATH a. COUNTY	0, 9	21011	MARYLAND	2. USUAL RESIDEN	ICE (Where decease	d lived. If institution b. COUNTY	on: Residence	e before admiss	ion)
h CITY OF TOWN	(If outside corporate/lim	its write a LENK	OTH OF STAY IN 16	CITY OF TOU	12.13 mm 1		1111	4 900	1177
RURAL ond give	nearest town)	ilis, willo	71/2	e. citi ok lov	VN (If outside corpo	fore timils, write t	UKAL and gi	ive necresi lowr	1)
	PITAL (If not in hospital,	give street oddress)	/ /100 =	15/32	RESS TORRUTT	the sig	1.8		FARM?
3. NAME OF DECEASED (Type or print)	Jo.	nt h m	Middle	9889G.	4. DATE OF DEATH	Mor	ith		Year 1958
5. SEX	6. COLOR OR RACE	7. MARRIED N	DIVORCED	6. DATE OF SERTH	1871	9. AGE (In years lost birthday)		YEAR IF UNDE	
140 USE S/10	10N (Give kind of work prking life, even if relired to the first af	done 10b. KIND OF	BUSINESS OR INDI	JSTRY 11. BIRTHPLACE	E (State or foreign o	ountry)	12. CITI	ZEN OF WHAT	COUNTRY?
13. FATHER'S NAME	ent GR	664.		14. MOTHER'S MA	JOEN NAME	Blue	0.		
15. WAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give wor or dates of		30-3472 A	INFORMANT  ) Gay h/4	hires kni	ght. 5	1 32	70 sear. 10.	: 14,84
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	gin	(b), and (c).]	carel 76.	ibernt.			INTERVAL BE ONSET AND	
Conditions, if gave rise to	any, which ) (i	Dia	Bets In	ihhites.	mod. L	ver.		5/1.	do ·
lying couse lost	g the <u>under-</u>		i oschoot	vis Gun	will ged	- 111116	eid -	10%	100.
PART II. O  PART II. O  OR CONTRIBUTION  (IF EITHER, NOTIF	THER SIGNIFICANT CON	IDITIONS CONTRIBL	JTING TO DEATH BU	T NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIV	EN IN PART	PERFO	AUTOPSY ORMED?
20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature of in	jury in Port I or Par	t II of item 18.)			
20c, TIME OF INJU Hour o. jr. p. m.	10	While _ No	CCURRED 20e. P	LACE OF INJURY (Honoclory, street, office bloom	ne, farm, 20f. (City dg., etc.)	or town)	(Ce	ounty)	(State)
alive an	that I attended the	deceased from	n. 6-16 , and that deat	19.52, 19.62, 19.62	45 P. M. from		nd an th		
ACTUAL SIGNATURE	John J	. O ALA.	reo MI	м.D. <u></u>	Ins: [[	sul 15	er 11	C. Mho	4 28 P
22a. BURIAL CREMATI REMOVAL (Specif	ON, 22b. DATE THEREO		ME OF CEMETERY	or CREMATORY Cemet		TION (City, town, o		(Stote	•
23. FUNERAL DIRECTO		331 Ga.	Ave. N.W	I. D.C.	a. REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGI	NATURE	

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Page death. 15M 10/57

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0	may be retained by the hospital ar attending physicion.  TO FUNERAL DIRECTOR: Afficial is certificate has been signed by the attending physician and pletchy filled in by the funeral director.	ž:	2	
-	/S A15	(4)		
1	5M 10/	57	,	

		MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	
		3334	CERTIFICA	ATE OF DEATH	R	eg. Dist. No. (19395
	1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	are deceased lived. If institution:	Residence before admission)
		Prince Georges	MARYLAND	Maryla rid	b. COUNTY Prince	Georges
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		Itside corporate limits, write RUR/	L and give nearest town)
		Cheverly	27 Dove		160	
~		d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	Hyattsville,	Md. /3	e. IS RESIDENCE
1		OR INSTITUTION		0/70	c. /	ON A FARM? YES NO
		Prince Georges General	Middle	2619 Nichol		
		DECEASED (Type or print) B			OF	Doy Year
	_			Halloran 44.	DEATH August	
		MIAK MIAK	37.	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
		Male White WIDOWI		July 21, 58	yrs.	21
	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE IStole o	r foreign country)	12. CITIZEN OF WHAT COUNTR
		home		had.		M.S. Fl.
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Ţ.	Richard B. Hallons	m dr.	No amos 1	D. F. Mall	lon
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	116	s. no. or unknown) (If yes, give wor or dates of service)	me i	14.	ant	2
		18. CAUSE OF DEATH [Enter only one couse per lin	(for (a) (b) and (c) 1	2 months		LINITEDVAL RETWEEN
		PART I. DEATH WAS CAUSED BY:	7 10. (0), (0), Old (c).]			ONSET AND DEATH
		IMMEDIATE CAUSE (o)	1 som	· Acc	1	
		1245 DUE TO	/	)		1//
		Conditions, if ony, which gove rise to immediate	2 . June	reach 4	boldse'	P/ da
		couse (o), stoting the under-	(R) P	. 0		
		lying couse lost. (c) (c)	Ca. 1	even	an.	
^	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
0	CAT					YES NO
	RTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
н	MEDICAL		JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	AEDI	Hour o. m. While of world	Not while fac	tory, street, office bldg., etc.)		(/
М	~			~O A		
		21. I certify that I attended the decease		50, 19 , to Aug	ار 19 <u>50 , او الله 185</u>	nat I last saw the decease
-		alive an August 11	and that death	accurred at 7:15P	M, fram the causes and	an the date stated abov
		ACTUAL ( ) ( ) ( )	1 XIII	1 mm contain	DURESS Street, city or jown, stat	e) DATE SIGNE
-		ACTUAL SIGNATURE	male My	M.D. 7304	Diagond	11
1	٨,	PHYSICIAN'S			1 60 11 -	1111111
		NAME (Type) Dr. Joseph McDona)	ld	1/10	+ 14 more	We 174.
	220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	22d. LQCANON (City, town, or co	ounty) (Stote)
	14	REMOVAL (5) (61y) 8-13-58	admitten h	und land	alexanton	Va.
	23	FUNERAL DIRECTOR'S SIGNATURE Hyatts	viriosess maryla	nd 24a. REC'D	BY RECISTRAR ALL. REGISTRA	AR'S SIGNATURE
	Ψ,	· dasen s soms njacos	TITO, MANIATOR			liver S. Thous
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CERTIFICATE OF DEATH 9442 Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND D. C. Prince Georges deoth. funerof b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) yrs, ll mos., should Washington Glenn Dale (rural d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 08 Eye St., N. W. ·YES T NO TO Glenn Dale Hospital 2 NAME OF Middle 4. DATE Lost Month Year DECEASED OF (Type or print) 1958 Oliver S. Hammett 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Months Days WIDOWED X DIVORCED [ Male White YES 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? Chastleton Hotel Washington, D. C. TISA Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D oft William C. Hammett Jennie McIntire 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 577-12-8372 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN 0 PART I. DEATH WAS CAUSED BY: Pulmonary tuberculosis b yrs. mo IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES M NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. n. While Not while p. m. at work of work 1958 21. I certify that I ottended the deceased from that I lost saw the deceased and that death occurred at 1:254 M, from the causes and on the date stated above. olive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Glenn Dale Hospital pluods PHYSICIAN'S NAME (Type) Moe Weiss, M. Glenn Dale, Md. FUNER 220. BURIAN-CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod (State) REMOVAL (Specify) Rinaldi Funeral Home Washington, D. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR AUG 2 9 '58 arthur S. Kraus VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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WARYLAND STATE DEPARTMENT

VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09397

353	8		Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY Prince Georges	3 MARYLAND	2. USUAL RESIDENCE (Where deceases o. STATE Maryland	b. COUNTY <b>Prince</b>	efore odmission) Georges
b. CITY OR TOWN (If outside corporole limits, we RURAL and give nearest town)  Hyattsville		c. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give	nearest lown)
d. NAME OF HOSPITAL (If not in hospitol, give stores 1805 Fox Street A	reet address)	d. STREET ADDRESS	eet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harvey	Wesley	Haun 4. DATE OF DEATH	August	Day Yeor 14 19 58
male white with	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH  June 27, 1886	10st birthdoy) Months Doy	AR IF UNDER 24 HRS. s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Accountant		STRY 11. BIRTHPLACE (State or foreign of erk Illinois		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Adam Clark Haun		Cordelia	Lemon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. of unknown) (If yes, give war or dates of service)	579-48-0537 2	Mormant Ada Miller Haun	TIVELUSVIII 6	Maryland
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Congestive	Heart Fai		NTERVAL BETWEEN NSET AND DEATH
Conditions, if any, which (b)	arterioscle	rotic Heart o	lisease	5 days
couse (a), stating the <u>under-</u> DUE TO lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OR CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	ons contributing to death but	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part	II of item 18.)	
Hour a.m.	Od. INJURY OCCURRED 20e. PL /hile Not while wark Ot wark	ACE OF INJURY (Hame, form, 20f. (City clary, street, affice bldg., etc.)	or lawn) (Coun	ty) (Stote)
21. I certify that I attended the dec		1958, to 14 Au	1958, that I last	saw the deceased
ACTUAL RUSSIL B.	anold	accurred at 11.39 A M, from ADDRESS (SI	reet, city or town, state)  S Ville Roe	DATE SIGNED
PHYSICIAN'S RUSSELL 13	. Arnold M	I.D. Silver S&	ring, md.	142
220. BURIAL, CREMATION, 22b. DATE THEREOF BMOVAL Specific 8/16/58	22c. NAME OF CEMETERY O		ION (City, town, or county) Lington, Virg	(State)
23 FUNERAL DIRECTOR'S SIGNATURE	ol 17 St., N	240 PEC'D BY PEGIST	RAR 24b. REGISTRAR'S SIGNA	TURE

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

9359	CERTIFICA	ATE OF DEATH	Reg. Dist	. No. 09398
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION)  A ROLL MANOR	MARYLAND  LENGTH OF STAY IN 16  6 1/2 Prosenth	2. USUAL RESIDENCE (Where decease o. STATE  1854 Wyon  c. CITY OR TOWN (If additide corp  Washing to N  d. STREET ADDRESS	ing AVN.W -	D. C.
3. NAME OF DECEASED (Type or print)  5. SEX  Female Wn. te WIDOWED	- The state of the	Loss 4. DATE HEY BET DEATH B. DATE OF BIRTH May 17, 1869	9. AGE (In years IF UNDER )	Day Yeor  1958 YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)  13. FATHER'S NAME  14. We 1/5  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC. (Yes. no. or unknown)  (It yes, give wor or dote of service)		11. BUTHPLACE (Stote or foreign  Washing ton  14. MOTHER'S MAIDEM NAME  Annie E.  NFORMANT.  Sister M.	Country) 12. CITIZ  D. C. U.  Fowler  Address  Togn Therese	S. a.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stoling the under- lying couse last.  (c)	for (a), (b), and (c).] Ongestive rterioscler(	Heart Failur Hic Heart D	Poseasp	Tears
PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMINAL DISEA  NOT  NOT  RELATED TO THE TERMINAL DISEA  OF CONTROL  OF		19. WAS AUTOPSY PERFORMEDA YES NO
-   -   -   -   -   -   -   -   -   -	Not while fac		7	uniy) (State)  sst saw the decease e date stated above DATE SIGNE
	OAK HILL ADDRESS Cash			

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	Service to select	
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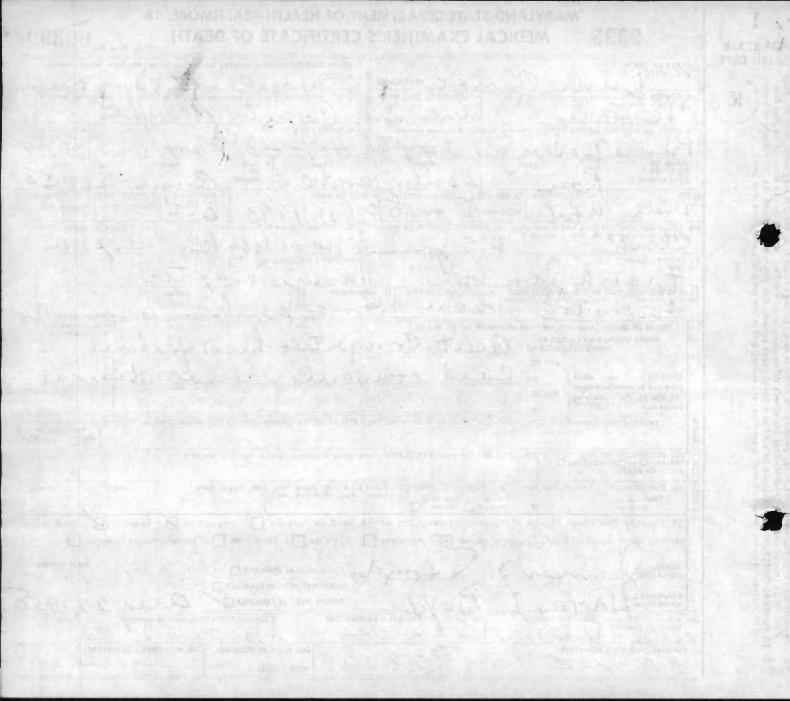
FOR STATE death. If any delay is necessary, please 2, and 3 to the funeral director. Page 5 may be retained for your files. 2 with the State Board of Health, 172 hours after death. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after a execute the certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Proceeding the Company of the PMS of Funeral DIRECTOR: The 3 should be used as a burial-transit permit. File pages 1 or its designated agent, prior to burial, cremation, or remaval, and in any eyent within

> VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9395
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (19399

	1. PLACE OF DEATH o. COUNTY o. COUNTY O. STATE D. COUNTY D. COUNTY O. STATE D. COUNTY
	b CITY OR TOWN It autide corporate limits, write URAL c. LENGTH OF STAY IN 1B c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)  Constitution represents the constitution of th
7	Present Company of the first of
	3. NAME OF DECEASED (Type or print)  Row Wasley Jangkow A. DATE Month Doy Year OF DEATH Grant 26 1958
	5. SEX  6. COLOR ORNACE  WIDOWED DIVORCED 7. MARRIED NEVER MARRIED 7. DATE OF BIRTH  WIDOWED DIVORCED 7. MARRIED NO. AGE III year of low brithdoor of low briting low brithdoor of low briting low bri
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. CITIZEN OF WHAT COUNTRY?  14. 5. Comment of working life, even if refired)
	13. FATHER'S NAME Jandrew Mary, Batter
	15. WAS DECEASED EVER IN U. S. TAMO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [Yes, no. of unknown]   If yes, give for or district of service)  When the service of
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)  ON THE VAL SETWEEN DISSET AND DEATH  Congrature Level Level Level Course (c).
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work 19 of
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner
2	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	DEPUTY MEDICAL EXAMINER 120.  220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  DURIAL (Specify) 406291968 CEDAR HILL 5017LAND MD
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ANDRESS  ADDRESS  ADDRESS



Harry W. Penn.

Administrator:

DATE SEP 4

arthur S. Thans

VS A15 (4)

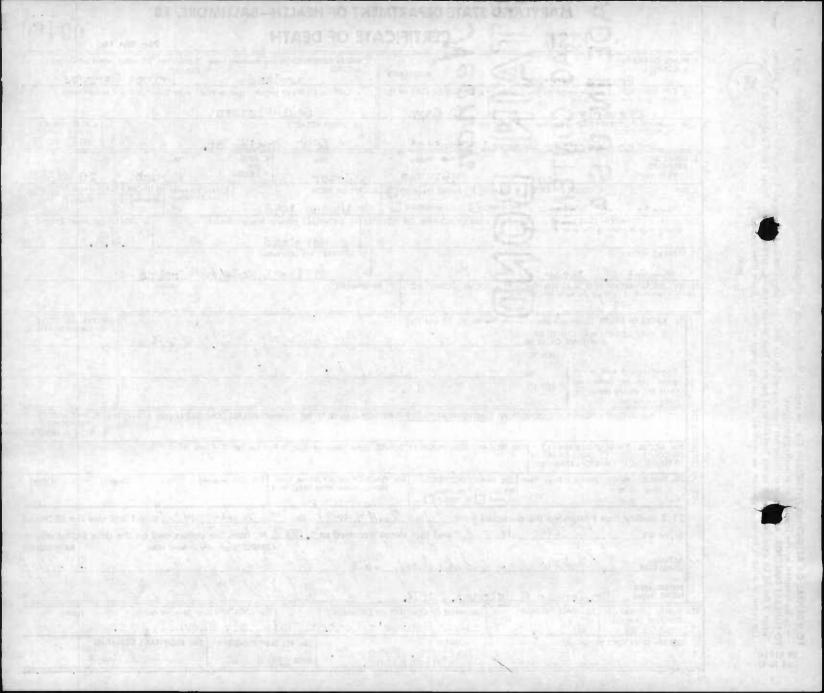
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within 24 hours after death.

executed

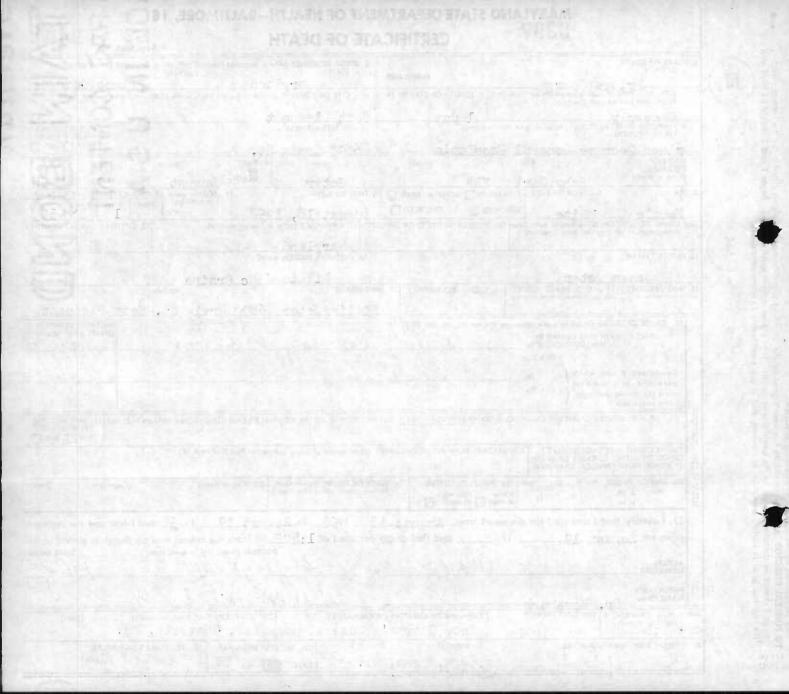
certificate

death



. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	way be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: At his certificate has been signed by the ottending physician and appletely filled in by the funeral director,	page 3 should be detachered use as the burial-transit permit. Then please remove carbon ers. Pages 1 and 2-should be filed with	the registrar prior to burial, dremation, or removal, and in any event within 72 hours offer death.
,	214		11 43.	

9397	CERTIFICA	ATE OF DEATH	1		Reg. Dist. 1	10.09491
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		2. USUAL RESIDENCE (WHO STATE  Mary 7  C. CITY OR TOWN (H. C.	and butside corporate lim	COUNTY	Princ	e Georges
d. NAME OF HOSPITAL (If not in hospital, give stree		d. STREET ADDRESS	C.L.			e. IS RESIDENCE ON A FARM? YES NO
Prince Georges General H.  3. NAME OF First DECEASED (Type or print) Baby Girl	ospitala Middle	U 6800 Greig	4. DATE OF DEATH	Mon gust		Day Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MA  Female White WIDOV	RRIED NEVER MARRIED VED DIVORCED	8. DATE OF BIRTH	958 9. AGE	(In years birthday) yrs.		AR IF UNDER 24 HI
10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)	o. KIND OF BUSINESS OR INDU	Maryland			12. CITIZEN	US A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	J Mc Crai			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [(Yes, no. or unknown] [(If yes, give wor or dates of service)]		Billie Jeter	6800 Gre	ig St		Pleasant
18. CAUSE OF DEATH [Enter only one cause per PART 1. DEATH WAS CAUSED BY: 16. 2. 5 IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (b)	Premi	turity	atotaci	asis		NTERVAL BETWEEN POSET AND DEATH
gove rise to immediate cause (a), stating the <u>under-lying couse last.</u>		d				1
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE				EN IN PART 1(o	19. WAS AUTOPS PERFORMED? YES NO
Hour o. m. While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)	n)	(Coun	ty) (Sta
21. I certify that I attended the deced alive on August 19	sed from August 1 58	accurred at 1:40F		causes a	nd an the a	
PHYSICIAN'S NAME (Type)  Transham	1	Lands	ver/Kil	6/	rel.	1
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8/26/58; (	Prince George		22d. LOCATION (C pital, Ch			(Stote)
23. FUNERAL DIRECTOR'S/SIGNATURE	ADDRESS	_	D BY REGISTRAR		TRAR'S SIGNAT	1 4



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ARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
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9398 Them 12 See CERTIFICATE OF DEATH

09402

30	33 It	tem 1	2.See: Bilth	OB!	E.OFtDEA	ın		Reg. Dist	. No.	
1. PLACE OF DEATH				- 11	USUAL RESIDENCE (	Where decease		an: Residence	e before adm	ission)
	Georges		MARYLAND		Marvla	md	b. COUNTY	Princ	ce Geo:	rges
b. CITY OR TOWN (	f outside carparate limit	ts, write	c. LENGTH OF STAY IN 16	,	c. CITY OR TOWN (		orate limits, write R			
RURAL and give ne			0 3000	2	0					
d. NAME OF HOSPIT	AL (If not in hospital, a	ive street	9 days	1	d. STREET ADDRESS	TIV			la IC D	ESIDENCE
	AL (If not in haspital, g								ON	A FARM?
	rges Genera	1 Ho	spital	- 1	6115	Montro	se Rd		YES	□ NO □
NAME OF DECEASED	Fire	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
(Type or print)	Kenney		Baby		Boy	DEATH	Aug		18	19 58
SEX		7. MARR	IED NEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE (In years		YEAR IF UN	DER 24 HRS.
Male	White	WIDOWE	PROPERTY OF THE PROPERTY OF TH	0	Aug. 1958	}	last birthday)	Manths [	Boys Hours	s Min.
		done 10b.	KIND OF BUSINESS OR INC	USTRY				12. CITIZ	ZEN OF WHA	AT COUNTR
during most of work	king life, even if retired)				0-1/	1 0				14
. FATHER'S NAME			Maryland	1.	many	ina	•	уе	5	) 11
FAIRER 3 NAME				14	. MOTHER'S MAIDEN	NAME				,
	ennev				June	Carroll	The state of			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO	RMANT A		Add	ress		
	project, give wor or oures or te		5	He	wital	Rol	and)			
IR CAUSE OF DEA	ATH [Enter only one co	use ner lir	perfor (a) (b) and (c) 1	V 1-0	Just 100	V LU V	VICA		INTERVAL	DETMEEN
	TH WAS CAUSED BY:	osc por m	(c), (c), (did (c).)	1-	,0		05		ONSET AN	
4510	IMMEDIATE CAUSE (a)	)	- no le ma	be !	n / 12	willy	mile			
134,2	DUE TO		0	, 1	0		1	9	11	. /
Canditions, if a	ny, which ) (b)		mg. 1	11	. Krol	Chair .	(10,0R	ptol	cefile	1/
gave rise to it			0				11			
lying cause last.	(c)								6	
PART II. OTH			ONTRIBUTING TO DEATH BE	UT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 WA	SAUTOPSY
PART II. OTH		_			The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 00110111011 011	FIA HAT WELL	PERF	FORMED?
30- ACCIDENT MA	C LINUSCHUMAN TO	201 0550	TRIDE WOLLD IN THE COLUMN	050 15					YES	] 40 []
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Er	iter nature at injury i	in Part I ar Par	t II at item IB.)			
	MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea			PLACE (	OF INJURY (Home, for street, affice bldg.,	irm, 20f. (City	or town)	(Ce	ounty)	(State)
p. m.	19	While at work	Nat while	rocioty,	sireer, dirice blug., (	erc.j				
	-A 1 - 10 - 1 - 1 - 1 -	1	11		1020	-0.4	, 00	2		
		decease	ed from 9 Aug		., 1958_, 10	18 Aug	19_51	3,that 1 la	ast saw the	e decease
alive an_18_	Aug_1958	-, 19	, and that dea	th acc	curred at	SUAM, fran	n the causes o	ind an the	e date sta	ited abay
	A /		W/ /			ADDRESS (S	treet, city or town,	state)		DATE SIGN
ACTUAL SIGNATURE	Wat	m	Melon	_M.D.						
ally a land a sure	1	- 1			- Y. T. T. T. T.					
PHYSICIAN'S NAME (Type) D	r. John Kel	100 .	, M.D.							
O. BURIAL CREMATIO	22b. DATE THEREO		22c. NAME OF CEMETERY	OR CD	MATORY	22d 10CA	TJON (City, town, o	ar country		
-REMOVAL (Specify)	1011015	C	mit nV	or Ca	lana. II	a and	of in town, o	county	Q (Sie	otel
Junax	0/18/2	8	In yun	er.	whiles	4 7/1	sungh	920	N	<u></u>
FUNERAL DIRECTOR	SIGNATURE	21	ADDRESS	01	Ma. Re	C'D BY REGIS		STRAR'S SIGN		
10/100 12	mercal,	Nom	222H1	Wes.	and DATE	-32- 1 -	00	wines -	8. Trans	

AND THE PERSON NAMED IN COLUMN TWO

#### FOR STATE HEALTH DEPT.

cath. If any delay is necessary, please and 3 to the funeral director. Page may be retained for your files.

If with the State Board on Health, 72 havrs ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 4 should be farwarded to Chief Medical Examiner's Office along with form PM3. Per 5 to FUNERAL DIRECTOR: 16.26 3 should be used as a burial-transit permit. File pages 1 to FUNERAL DIRECTOR: 16.26 3 should be used as a burial-transit permit. File pages 1 to Funer its designated agent, prior to burial, cremation, ar removal, and in any event within 72 has execute the certificate, writing 4 should be farwarded to TO FUNERAL DIRECTOR: For \$M 2/57

VS. A15ME

2

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No

09403

1. PLACE OF DRATY o. COUNTY	GRIPLE ROMARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE)	lived. If institution Residence before admission) b. COUNT (fund South
b. CITY OR TOWN (If outside corporate limits, and live nearest lown)	wite Real c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If of hide corpore	ate limits, write RURAL and give nearest town)
Prime Gear	N (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Middle Res	Contact 4. DATE OF DEATH	Aug 27 1918
5. SEX 6. COLOR OR BA	CCE 7. MARRIED   NEVER MARRIED   8 WIDOWED   DIVORCED	DATE OF BIRTH \$ 9.	AGE (In years UNDER TYEAK IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of we define most of working life, engagement)	ork done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTIPLACE (State or faceign coun	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	Koonte	14. MOTHER'S MUTEN NAME	Cox
15. WAS DECEASED EVER IN U. S. ARMED [Yes no er unknown] (If yes give wor or don	FORCES? 16. SOCIAL CURITY NO. 17. IN	walter D. Kas	Addeds Design
PART I. DEATH WAS CAUSED B IMMEDIATE CAUSI  442 X DUE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	to Cardiora	sculor Ra	nal disease
PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	ONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port t or Part It of	item 18.)
20c. TIME OF INJURY Month, Doy, Hour g. m. p. m.	Yeor 20d. INJURY OCCURRED 20e. PLAC While Not while factor of work of wark	CE OF INJURY (Home, farm, 20f. (City ar ory, street, office bldg., etc.)	town) (County) (State)
	Natural causes . Accident [		DATE SIGNED
220. BURIA CEMATION, REMOVAT (Specify) Burial  Aug 30		DEPUTY MEDICAL EXAMINER	(City, town, or copy) (State)
23. FUNERAL DIRECTOR'S SIGNATURE			

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Hyattsville, Maryland

DATE

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VS A15 (4) 15M 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remave carbon for Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer-death.

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9400 CERTIFICATE OF DEATH

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								Keg. Dist. P	10.	
1. PLACE OF DEATH 2. COUNTY Prince Ge	orges		MARYLANI	II a SIAIP		nere deceased	lived. If institution COUNTY BRIENE	en: Residence be		sion)
b. CITY OR TOWN (If	outside carporate limi	ls, write	c. LENGTH OF STAY IN 1	c. CITY OI	R TOWN (If a	iutside corpor	ate limits, write R	JRAL and give	nearest taw	n)
Cheverly	iresi idwiii)			Chev	erly	38				
d. NAME OF HOSPITA			oddress)	d. STREET	ADDRESS	1			e. IS RES	SIDENCE A FARM?
3500 Chev	erly Ave			3500	Cheve	erly .	Ave.	232		NO
3. NAME OF DECEASED	Fir		Middle	L	ast	4. DATE	Mon	th	Day	Year
(Type ar print)	Bid		Esther	Linds	ay i	OF DEATH	Augus	t 6		1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIR	THÍ		9. AGE (In years last birthday)	IF UNDER 1 YE		7
F.	W.	WIDOWE		May 18			75 yrs.	Manths Day	s Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of wark ong life, even if retired	lane 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State	ar foreign ca	untry)	12. CITIZEN	OF WHAT	COUNTRY
Housewif	ě			Vi	ginia	3. ~		U.S	.A.	
13. FATHER'S NAME				14. MOTHER	'S MAIDEN N	IAME		100		
George W.	Webber			Bett	y Gile	espi				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. :	SOCIAL SECURITY NO. 17	. INFORMANT			Addr	ess		
No		3	1	Ars. Ber	rnice	Hunt	3500	Chever	lv A	ve.
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which (b) mediate (b)	Cu	e far (g). (b). and (c).]	luas	an	ede	<i>A</i>		TERVAL BE NSET AND	
lying cause last.	) (c		ONTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
5 PM	wa	C	VA - 67	h bre	man	M			PERFC	RMED?
PART II. OTHE	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature	af injury in P	art I ar Part	II af item 18.)			
20c. TIME OF INJURY Haur a. jr. p. m.	Manth, Day, Yea	While	UURY OCCURRED 20e. Not while at work	PLACE OF INJURY factory, street, affi	(Home, farm, ce bldg., etc.	20f. (City	or tawn)	(Count	γ)	(State)
21. I certify tha	t I attended the	decease	ed fram / Ja	, 196	7, ta_ 4	au	1 19.5	that I last	saw the	deceased
alive on	dung	7 12	C.Y., and that dea	th accurred a	11:30	DM. fram	the causes a	nd an the d	late state	ed abave.
ACTUAL SIGNATURE	ann	n	erre	M.D.					. 8/	6/58
PHYSICIAN'S NAME (Type)	John Ke	hoe		3404	Chev	erly	Ave. Ch	everly	, Md	
22a. 8URIAL, GOT MAJICIN REMOVAL (Specify)	8/8/58		22c. NAME OF CEMETERY Evergreen		ry	22d. LOCATI	on (city, town, on noke, V	county)	(Stat	e)
23. FUNERAL DIRECTOR'S	SIGNATURE /	1)	ADDRESS		24a. REC'D	8Y REGISTR	AR 24b. REGIS	RAR'S SIGNAT	URE	-
Jos. Gawle	r's Sons	Inc	1756 Pa.	Ave. N	DATE ALL	1 1 '58	- 10/	20.1		
CLUST CHANGE	O DOTTE	2220	- 11.00 I C.	22100 21	- SAN AUI	11 00		-louin		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRECTOR

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9201

09407

1. PLACE OF DEATH								
	-			2. USUAL RESIDENCE				
	Prince Geor	rges	MARYLAND	Mar.	yland	b. COUNT	r.	Geo.
b. CITY OR TOWN	(If outside corporate limits, write	RURAL C. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porole fimits, write	RURAL and giv	re neorest town)
-	verly	1 h	our	4/ Lau	rel.			
d. NAME OF HOSPI	TAL OR INSTITUTION (I	f not in hospital, give stre	et oddress)	d. STREET ADDRES	S			e. IS RESIDENCE
Prince G	eorges Gener	ral Hospital		/ 29	Avonda	le Street		YES NO
3. NAME OF DECEASED (Type or print)	James Fire	Edgar	Mall	lost	4. DATE OF DEATH	August		Yeor 19 58
5. SEX Male	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED B.	3-27-1892		9. AGE (In years last birthday)  OD yrs.	Months Day	The second secon
10o. USUAL OCCUPATI during most of work Carpen	ing life, even if retired)	done 10b. KIND OF BUSIN		11. BIRTHPLACE (SI				S.A.
13. FATHER'S NAME	onard J. Mai	llonee		14. MOTHER'S MAIDE	N NAME	Marg	aret An	n Houston
	VER IN U. S. ARMED FOR	RCES? 16 SOCIAL SECUE	RITY NO 17 INI	ORMANT		Address		
Yes, no, or unknown) Yes	W.W. 1	Hervica)		ith G. Hie	tt; 409		Laurel	L, Md.
	ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (e)		al compr				11/0	NTERVAL BETWEEN INSET AND DEATH
Conditions, if		Sponta	neous in	tracranial	hemorri	nage		
gave rise to imme	ediote couse							
	ediote couse	Cerebr	al arter	iosclerosi	3			
gave rise to imme (a), stating the cause lost.	underlying DUE TO	Cerebrotions Contributing 1				CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED?
gave rise to imme (a), stating the cause lost.	underlying DUE TO					CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
gave rise to immediate to the cause lost.  PART II. OT PART III. OT CAUSE OF DEATH	underlying DUE TO (c).  HER SIGNIFICANT CONE  USE WAS NITRIBUTING  201		TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASI		EN IN PART I(o	PERFORMED?
gave rise to imme (a), stating the cause lost.	HER SIGNIFICANT CONE  SUSE WAS ONTRIBUTING  JRY Month, Doy, Yeo	DITIONS CONTRIBUTING T	O DEATH BUT NO  Y OCCURRED. (Ent	T RELATED TO THE TE	Port I or Port II	of item 18.)	EN IN PART I(o	PERFORMED? YES NO NO
gave rise to imme (a), storing the cause lost.  PART II. OT  200. EXTERNAL CA PRIMARY GO CO CAUSE OF DEATH  20c. TIME OF INJU Hour a. m. p. m.	ediote couse underlying DUE TO (c).  HER SIGNIFICANT CONE  LUSE WAS NATRIBUTING   201  JRY Month, Doy, Yeo	b. DESCRIBE HOW INJURY  1 20d. INJURY OCCUI  While Not wh	O DEATH BUT NO  Y OCCURRED. (Ent	or noture of injury in in OF INJURY (Home, f., street, office bldg.,	Port I or Port II  orm. 20f. (City	of item 18.)	(Counly)	PERFORMED? YES NO (Slote)
gave rise to imme (a), stating the cause lost.  PART II. OT  PART II. OT  PART II. OT  CAUSE OF DEATH  20c. TIME OF INJU- Hour a. m. p. m.  21. I certify t	HER SIGNIFICANT CONE  LUSE WAS ONTRIBUTING D  LIVE WAS	b. DESCRIBE HOW INJURY  1 20d. INJURY OCCUI While Not what work of work	OCCURRED (End	or noture of injury in the of injury (Home, for, street, office bldg.,	Port I or Port II  orm, 20f. (City  psy, Ir	or town)	(County)	PERFORMED? YES NO (Stote)
gave rise to imme (a), stating the cause lost.  PART II. OT  PART II. OT  PART II. OT  CAUSE OF DEATH  20c. TIME OF INJU- Hour a. m. p. m.  21. I certify t	HER SIGNIFICANT CONE  LUSE WAS ONTRIBUTING D  LIVE WAS	b. DESCRIBE HOW INJURY  20d. INJURY OCCUI While Of work  af the remains de	OCCURRED. (Enter Section of Color Section of Color Section of Color Section of Color	or noture of injury in or injury in of injury (Home, fr., street, office bldg., e., held an Auto), Suicide [],	Port I or Port II  orm.   20f. (City etc.)   The Hamicide	or town)  spection (I), Undeter	(County)	PERFORMED? YES NO (Stote)
gave rise to imme (a), stating the cause lost.  PART II. OT  200. EXTERNAL CA PRIMARY GO'C CAUSE OF DEATH  20c. TIME OF INJU Hour a. m. p. m.  21. I certify to opinion death	HER SIGNIFICANT CONE  LUSE WAS ONTRIBUTING D  LIVE WAS	b. DESCRIBE HOW INJURY  20d. INJURY OCCUI While Not wh al work of work of the remains de Natural causes X,	OCCURRED. (Enter Section of Color Section of Color Section of Color Section of Color	or noture of injury in or of INJURY (Home, fry, street, office bldg., e, held an Auto	Port I or Port II  orm. 20f. (City etc.) Ir  Hamicide  EXAMINER   DICAL EXAMINER	or town)  spection (A), Undeter	(County)	PERFORMED? YES NO (Stote)  (Stote)  A, and in my other DATE STONED
gave rise to imme (a), stating the cause lost.  PART II. OT  200. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH  200. TIME OF INJU Hour a. m. p. m.  21. I certify to opinion death  ACTUAL SIGNATURE  EXAMINER'S	HER SIGNIFICANT CONE  USE WAS ONTRIBUTING   201  JRY Month, Doy, Yeo  19  hat I took charge I resulted fram: N  John T. Ma.  ON.   225   DATE THEREO	b. DESCRIBE HOW INJURY  20d. INJURY OCCUI While Not wh all work of work  af the remains de Natural causes X.	O DEATH BUT NO  O OCCURRED. (Enter factor)  RRED 20e. PLACE factor  Scribed above  Accident	or noture of injury in in or noture of injury (Home, f., street, office bldg., street, o	Port I or Port II  orm, 20f. (City etc.)  psy, Ir  Hamicide  EXAMINER DICAL EXAMINER  22d. LOGAT	or town)  spection , Undeter  Augu  ION (City, town, o	(County) Inquiry [ rmined man	PERFORMED? YES NO (Stote)  (Stote)  A, and in my other DATE STONED
gave rise to imme (a), stating the cause lost.  PART II. OT  200. EXTERNAL CA PRIMARY GO'C CAUSE OF DEATH  20c. TIME OF INJU- Hour a. m. p. m.  21. I certify to pinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATI	DUE TO  (c).  HER SIGNIFICANT CONE  OUSE WAS  DURY Month, Doy, Yeo  19  hat I took charge  resulted fram:  John T. Ma.  ON. 1225 PATE THEREO	b. DESCRIBE HOW INJURY  20d. INJURY OCCUI While Not wh of work of work  af the remains de Natural causes A.  Loney, M.D.	O DEATH BUT NO  O OCCURRED. (Entire factor)  RRED 20e. PLACE factor  Scribed abov.  Accident [	OF INJURY (Home, fr, street, office bldg.,  e, held an Auto  , Suicide,  M.D. CHIEF MEDICAL  ASSISTANT MEE  DEPUTY MEDICAL  REMATORY  REMATORY	Port I or Port II  orm, 20f. (City etc.) Ir  Hamicide  EXAMINER DICAL EXAMINER	or town)  or town)  aspection A,  Undeter  Auguston (City, town, o	(County) Inquiry [ rmined man	PERFORMED? YES NO (Stote)  (Stote)  DATE STONED

TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificote, writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded in a Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: 6 3 should be used as a buriol-transit permit. File pages 1 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

MARYKAND STATE DEPARTMENT OF HEALTH-BALTHACKE.

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CERTIFICATE OF DEATH

	40%		CERTITIO	71L 01 L				Reg. Dis	t. No.	
	Prince Geo		<del></del>	2. USUAL RESIL o. STATE Ma	rylar	ere decesse 1d	d lived. If institution b. COUNTY			odmission) eorge!
RURAL and give no	orest town) dale. Md.	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN (If o	utside carpo	rote limits, write R Maryland		ive neares	it tawn)
	Good Luci	150		d. STREET A		ood L	ick Road			IS RESIDENCE ON A FARM? (ES) NO
3. NAME OF DECEASED (Type or print)	Fin Will	iam	Middle Charles	Maske	Sr.	4. DATE OF DEATH	August	th 22,	Day	Yeor 19 58
s. sex male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTI		)	9. AGE (In years last birthday) yrs.			UNDER 24 HRS
during most of wor	ON (Give kind of work king life, even if retired		KIND OF BUSINESS OR INDI			or foreign c			S A	WHAT COUNT
3. FATHER'S NAME	William C	narle	es Maske	14. MOTHER'S		Dry	er			
1S. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FOR lif yes, give wor or dates of s	ervice)		informant tionette	Hame	el I	Riverdal		ryla	nd.
PART 1. DEA 33/X Conditions, if a gove rise to i couse (a), stating lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO: ny, which mmediate the under:  OUT TO: (c)	Ce	ne far (a), (b), o/d (c).]	elmov	ehn	yı			ONSET	AL BETWEEN AND DEATH
CATIO			CONTRIBUTING TO DEATH BU			E 2		EN IN PART		WAS AUTOPSY PERFORMED? ES NO
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCCURR	ED. (Enfer noture o	t injury in I	on i or ror	f ii of item id.j			
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. II While of wor	_ Not while	LACE OF INJURY ( octory, street, office	Home, farm bldg., etc.	, 20f. (City	ar tawn)	٥)	ounty)	(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Lun en Tr. Leonard Ha 5201 Balt, Ave	, 19 s	Hay	MD. HL	114 g	ADDRESS (S	n the causes of treet, city or town,	and an the store.		the deceas stated aba DATE SIGN
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	Aug 25,	et. 1958				Col	TION (City, town,	r. Ma	ryla	(Stote)
23. FUNERAL DIRECTOR		Hyat	ADDRESS	bac far	240. REC	G 2 REGIST	RAR 24b. REGI	STRAP'S SIC	MATURE	

ompletely filled in by the funeral director, bers. Pages I and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached by use as the burial-transit permit. Then please remove carbot the registrar priar to burial, cremotian, or remaval, and in any event within 72 haurs after de-VS A15 (4) 1SM 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag may be relatined by the hospital or attending physician.  TO FUNERAL DIRECTOR: A this certificate has been stoned by the attending physician and completely filled in by the funeral direction.	page

		MARYI	AND.	STATE DEPAR	RTMENT O	HEALTH	-BALT	IMORE, 1	8	110	409
		9445		CERTIF	ICATE O	DEATH	1		Reg. Dist	(,, 0	, 100
10	PLACE OF DEATH a. COUNTY COUNTY	7759 De	realist	MARYL	II O SIAT	PESIDENCE (Who	ere deceased	lived. If institution b. COUNTY	ons Residence	befare admi	ssion)
-	RURAL and give n	If outside corporate limi earest town)		c. LENGTH OF STAY II		OR TOWN (If o		ate limits, write R	URAL ond gi	ve nearest tow	vn)
1		Lle P.O.Mo		3 weeks		ashing	ton	1	4.1 X-		
	or institution 7754 Dec	eatur Road	(We	st <b>L</b> anham	Hills)	et address 4114 E	mery	Place.	N.W.	o. IS RE	SIDENCE A FARM? NO [X]
3.	NAME OF DECEASED (Type or print)	MAR	<b>y</b>	ELLE!	V MEC	ONVEY	4. DATE OF DEATH	Aug		Oth,	Year 19 5
5.	Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED  DIVORCED			.856	2. AGE (In years lost birthday) 102 yrs.		YEAR IF UND	
10	during most of wor	ON (Give kind of work of king life, even if retired OLIPEO		kind of Business or elf-emplo;		shingt		ontry)		EN OF WHA	T COUNTR
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN N	AME				
		. McConvey				len Bu	rke				
15. (Y	WAS DECEASED EVENTS NO. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of so None	CES? 16.	None	Mrs.Alb	ert B.	Hitt	Hyert, 7754	tsvil Deca	le P. tur R	O.Md oad,
		mmediate (	)	, , , , , , , , , , , , , , , , , , ,	BRONCH	O PNE	VMON	VIA-		INTERVAL B	D, DEATH
CERTIFICATION		PULM	6NA	CONTRIBUTING TO DEAT	MPHYS	EMA	-		EN IN PART	PERF	AUTOPSY ORMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBÉ HOW INJURY OC	CURRED. (Enter nate	ere of injury in P	ort I ar Port I	II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Yea	While	NJURY OCCURRED  Not while k at work	20e. PLACE OF INJU factory, street,	RY (Hame, form, office bldg., etc.		ar tawn)	(Co	iunty)	(Stote)
	21. I certify the alive an	THOMAS	decease , 19	The state of the s	death occurred			the causes and city or town, LANC	ind on the		
	BURIAL, CREMATIC BEMOVAL (Specify Burial	8/23/19	958		tery or cremator coln Cen		Colma		r, Pr	. Geo.	- 74 47
	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		01 05015	BY REGISTR	AD DAL DECH	TRAR'S SIGN	LATINE	

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	94	403		CERTIF	ICAT	E OF DEATH	1		Reg. Di	st. No.	(; 0	ZIU
	PLACE OF DEATH	a George		MARYLA	200	USUAL RESIDENCE (Who o. STATE		b. COUNTY				
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim arest town)	ts, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (If o		rate limits, write RI	URAL ond	give near	rest town	)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, s	give street o	2 days		d. STREET ADDRESS	nolls				. IS RESI ON A	DENCE FARM?
I	rince Geor	ces Genera	1 Hos	mital	- 1	3806 65 A	ve.				YES 🗌	NO [
	NAME OF DECEASED (Type or print)	John	rs†	Middle H Jr.	Mc	Gaughy	4. DATE OF DEATH	Augus		Day 2		ear 9 58
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	□ 8. D	ATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER	1 YEAR Doys		
	Male	White	WIDOWE	D DIVORCED		3/17/08	1000	50 yrs.	Monnes	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. I	KIND OF BUSINESS OR	INDUSTRY	11. 8IRTHPLACE (Stote	or fareign co	ountry)	12. CI	TIZEN OI	WHAT	COUNTRY
	Engineer			vil Aerona	itics	Washingt	on D.C		Uni	ited	Stat	:05
13.	FATHER'S NAME					. MOTHER'S MAIDEN N						
				-								
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Addi	ess			
1	No	ir yes, give wor or oaies or	ervice		Ber	nice Mc Gau	chu 3	1808 65 A	Te Te	ndor	nan R	molle
	PART I. DEA			e for (a), (b), ond (c).] ardial Infa		n with Inte				INTE	RVAL 8ET AND hou	TWEEN
	Conditions, if an	DUE TO		nary occlus	ion,	left anteri	ior de	scending		14	8 ho	urs
H	gave rise to in couse (a), stoting t lying cause lost.	he under- DUE TO		narv Arteri	oscl	erotic Heart	t Dise	ase		v	ears	
CATION	PART II. OTH					RELATED TO THE TERMI			EN IN PAR	RT 1(o) 15	PERFO	AUTOPSY RMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of injury in f	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Have o. m. p. m.	Y Month, Day, Ye	While	Not while at work	0e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City	or town)	(	County)		(State)
	21. I certify the	at Lattended the	decease	ed from July	31	., 19.58_, to_At	mot	2 1958	that I	last sa	w the	decenses
	alive anAu	gust 2	, 12_5		leath ac	curred at 9:35	M, fran		ind an t	he dat	e state	
	PHYSICIAN'S NAME (Type)	Dr. Mover		440-	M.D.	Mt Rair	nier	Md.			-i-k	1. (
220	BURIAL CREMATIO			22c. NAME OF CEMET	ERY OR CE	EMATORY	22d. LOCAT	TION (City, town, o	or county)		(State	-1
	REMOVAL (Specify)	8/5/58		Fort Linco				ar Manor	,,		(5,0)6	

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

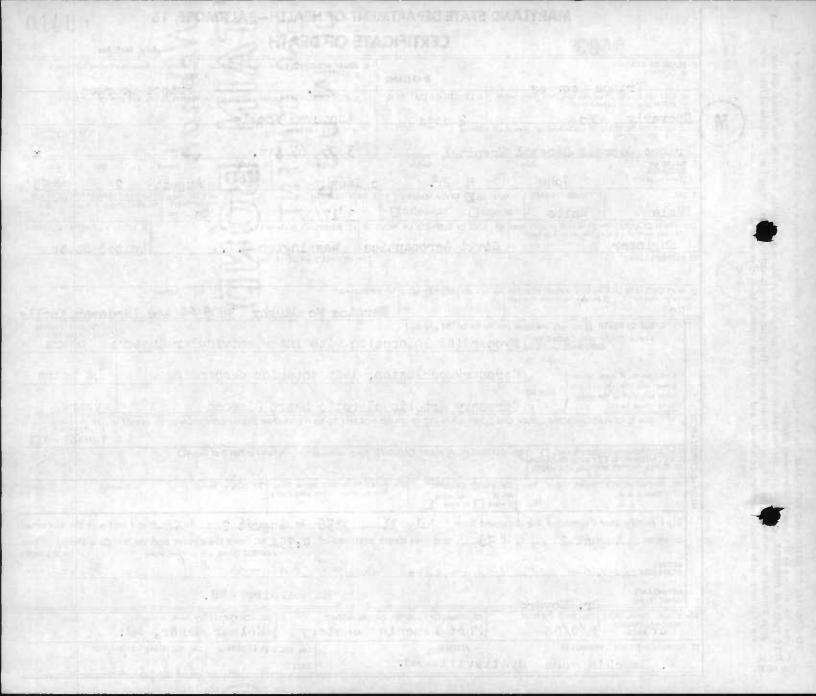
F. Gasch's Sons

ADDRESS Hyattsville Md.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE



## FOR STATE HEALTH DEPT eath. If any delay is necessary, please and 3 to the funeral director. Page may be retained for yaur files. I with the State Board of Health.

72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09411

Cooling S. Kraus

1 1 1 1 1 1	motein hospital, give street address)  Middle  7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   DIVORCED   DIVORCED   Cone 10b, KIND OF BUSINESS OR INI  CES? 16. SOCIAL SECURITY NO. 1	d. STREET ADDRESS  2 3 5 /-  Lost  Lost  A. DA  OF  DE.  DATE OF BIRTH	b. COUNTY ( corporate limits, write RURAL  3 3  TE Month  P. AGE (In years of HEUNI (	ond give nearest town)  48 × 3  48 × 3  48 × 3  48 × 9  ON A FARM?  YES NO P  Doy Year  19 5 8  DER TYEAR IF UNDER 24 HRS.
B. NAME OF HOSPITAL OR INSTITUTION (IF  JOO BLOCE  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  JUSUAL OCCUPATION (Give kind of work do  Juring most of working life, even if refired)  TATHER'S NAME  WAS DECEASED EVER IN U. S. ARMED FORM  In or uplnoyn)  [If yes, give war or doles of se	motein hospital, give street address)  Middle  7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   DIVORCED   DIVORCED   Cone 10b, KIND OF BUSINESS OR INI  CES? 16. SOCIAL SECURITY NO. 1	d. STREET ADDRESS  2 3 5 /-  LOSI  LOSI  A. DA  OF  DE.  DUSTRY 11. BIRTHPLACE STOLE OF FORE  14. MOTHER'S MAIDEN NAME  TAME  14. MOTHER'S MAIDEN NAME	TE Month ATH  9. AGE (in years life UNIT light burkets)  150 burkets)  175 12.	Doy Year 19 UNDER 24 HRS. Doys Hours Min.
MAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE Could be a considered of work of during most of working life, even if retired)  TATHER'S NAME  (WAS DECEASED EVER IN U. S. ARMED FORK, no, or uplnown)  [It yes, give war or doles of se	Middle  Middle	DUSTRY 11. BIRTHFLACE/STOTE OF FORE	9. AGE (in years IF UNIT Month yes. IF UNIT MONTH)	Doy Yeor  1958 DER IYEAR IF UNDER 24 HRS.  15 Doys Hours Min.
DECEASED (Type or print)  SEX  6. COLOR OR RACE  1. USUAL OCCUPATION (Give kind of work deforming most of working life, even if retired)  PATHER'S NAME  (WAS DECEASED EVER IN U. S. ARMED FORK  1. no, or upingyn)  [If yes, give war or doles of se	7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   Done 10b, KIND OF BUSINESS OR IN  GRADULT  CES? 16. SOCIAL SECURITY NO. 1971	DUSTRY 11. BIRTHPLACE STOLE OF FORE	9. AGE (in years IF UNIT Month yes. IF UNIT MONTH)	DER IYEAR IF UNDER 24 HRS. 15 Days Hours Min.
USUAL OCCUPATION (Give kind of wark do during most of working life, even if refired)  FATHER'S NAME  (WAS DECEASED EVER IN U. S. ARMED FORK, no, or uplnown)  [It yes, give war or doles of se	DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORCED DIVORDED DIVORDED DIVORCED DIVORDED DIVORDED DIVORDED DIVORCED DIVORDED DIVORDED DIVORDED DIVORDED DIVORDED DIVORDED DIVORDED DIVORCED DIVORDED DIV	DUSTRY 11. BIRTHPLACE (State for fore	lost birthery) yrs. Month lign country) 12.	Days Hours Min.
TATHER'S NAME  (WAS DECEASED EVER IN U. S. ARMED FORM  In our pulmoyn)  18. CAUSE OF DEATH [Enter anly one couse	Grane 1  CES? 16. SOCIAL SECURITY NO.	14. M9THER'S MAIDEN NAME  Tanne	ionk 1	CITIZEN OF WHAT COUNTRY
WAS DECEASED EVER IN U. S. ARMED FORG. Inc. or uphroyn) (If yes, give war or dotes of se	(vice) &	tanne	Address Address	
18. CAUSE OF DEATH [Enter only one couse	(vice) &	St Elizabeth 7	La bor O Pa	. ~~
			Leces Lico	ords DC
MMEDIATE CAUSE (a)   MMEDIATE CAUSE (b)   DUE TO	Hot p Convil	inesery	ine int	INTERVAL BETWEEN DISSET AND DEATH
PART II. OTHER SIGNIFICANT CONDI			SEASE CONDITION GIVEN IN I	PART 1(0) 19. WAS AUTOREY PERFORMED? YES 1 NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	describe how injury occurred a convulsive	D. (Enter noture of injury in Port I or Po seizure and lay	out in the d	irect sun ray
20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19	While _ Not while _	factory, street, office bldg., efc.)	(City or town) Silesia	(County) (State) P.G. Md.
		M.D. CHIEF MEDICAL EXAMINE	cide [], Undetermine	d manner DATE SIGNED
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19  21. I certify that I taak charge opinion death resulted fram: N  ACTUA	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While of work of work of work opinion death resulted fram: Natural causes Accide	20c. TIME OF INJURY Hour o. m. p. m.  19  20d. INJURY OCCURRED Hour o. m. p. m.  19  20d. INJURY OCCURRED Hour o. m. p. m.  19  20d. INJURY OCCURRED Hour o. m. p. m.  19  20d. INJURY OCCURRED Hour o. m. foctory, street, office bldg., etc.) foctory, street, office bldg., etc.) Lexington Road  21. I certify that I taak charge af the remains described above, held an Autapsy opinion death resulted fram: Natural causes , Accident . Suicide , Hamic ACTUA SIGNATURE EXAMINER'S NAME (Type)  AMD. CHIEF MEDICAL EXAMINE EXAMINER'S NAME (Type)  AMD. DEPUTY MEDICAL EXAMINE	CAUSE OF DEATH.  20c. TIME OF INJURY Month. Day, Year Haur o. m. p. m.  19 While of work of work Lexington Road Silesia  21. I certify that I taok charge of the remains described above, held an Autapsy Inspection In Ingopinion death resulted fram: Natural causes Accident M.D. CHIEF MEDICAL EXAMINER  EXAMINER OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)  19 While Not while of work Lexington Road Silesia  21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Ingopinion death resulted fram: Natural causes Accident M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

VS. A15ME 5M 2/57

Caraman San A Sept 1 Comment of the Chr. and O'reachers find a real Stratus ( ) to view of the limited strongs ( ) CONTRACTOR OF THE STATE OF THE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9404 directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY o. STATE filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write | c Marvland hours after death. funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Pe RURAL and give nearest town) pluods d. NAME OF HOSPITAL (It not in hospital, give street address) Hvattsville d. STREET ADDRESS OR INSTITUTION 22 Prince Georges General Hospita = NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH Joseph Monsheimer Aug within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years last birthday) DIVORCED T WIDOWED F YFS. Mala White executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired Manufacturer - Retired New York puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician death certificate Louis Monsheimer Bertha Lowenstein 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 29th Ave., Hyattsville, Md. Harold Levy aftending No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Thnombosis PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) that DUE TO ARTERIOSCLENOTIC HEART 1) ISEASE IDVERAS Ony Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hos 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED ö foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased from. alive on and that death occurred at \_\_\_\_\_ fram the causes and on the date stated above. ADDRESS (Street, city or town, state)

ATTENDING PHYSICIAN: by the haspital FUNERAL DIRECTOR: should HOSPITAL 3 page 0

priar VS A15 (4) 15M 10/57

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)
Burlal

23. FUNERAL DIRECTOR'S SIGNATURE

Bernard Danzansky & Sons

22b. DATE THEREOF

August 24,

1948aron Hirsch Cemetery ADDRESS

3501 14th St., N.W.

22c. NAME OF CEMETERY OR CREMATORY

AUG 2 5 58 DATE

22d. LOCATION (City, town, or county)

Staten Island

24b. REGISTRAR'S SIGNATURE Cirthur S. Thous

(County)

that I last saw the deceased

(Stote)

New York

Rea. Dist. No

Months

Prince Georges

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

6 wee4

PERFORMED?

YES 10

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Doys

e. IS RESIDENCE

ON A FARM?

YES NO T

Year

19

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MARYLAND 9405	STATE DEPARTM	ENT OF HEALTH—BALTIMOR 233 8-27-58 et ATE OF DEATH	RE, 18 Reg. Dist. No. (19413
Georges	MARYLAND	II	institution: Residence before admission) OUNTY DOG Georges
OWN (If ourside corporate limits, write give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)
ly	1 Day	A STREET ADDRESS	
HÖSPITAL (If not in hospitol, give street UTION  Georges general	address)	d. STREET ADDRESS 81.04 Penn Brook Pl	e. IS RESIDENCE ON A FARM? YES NO
First	Middle	Lost 4. DATE OF	Manth Day Year

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Residence	ce before admission)
	Prince Georges	MARYLAND	Maryland	Prince Geor	
>	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and g	ive nearest town)
	Cheverly	1 Day	X Palmer Par	ol-	
1	d. NAME OF HÖSPITAL (If not in hospitol, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	Prince Georges general		870h Penr	Brook Pl	YES NO
	3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
	DECEASED (Type or print)  Bessie	Mont	eith	OF DEATH August 11.	19 58
	5. SEX 6. COLOR OR RACE 7. MARK	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	I YEAR IF UNDER 24 HRS.
	Female White WIDOW		7_20_78	Land think that	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country) = 12-CIT	ZEN OF WHAT COUNTRY
	during most of working life, even if retired)		Tilinoi	1	( & a)
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		. 80 -0
)	SAHN MILEM	AN	Flians	SHAFIEL NS	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 H	NFORMANT.	Address ()	1 100
	(Yes. no. or unknown)   Iff yes, give wor or dates of service	M	Ruth Hick	er 804-14	soron ma
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]	1 1	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	back st	Alch.	1	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	estinuit o	JOST FUC	11077	
	0 /0,2 DUE TO		. 4/	1 1	0/
		esenter	c/hro	m bos/5	129295
	gove rise to immediate couse (o), stoting the under-				
	lying cause last. (c)				65 A 6 B 18 S
	PANT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
2	PANT II. OTHER SIGNIFICANT CONDITIONS C				PERFORMED?
	IL 200 ACCIDENT WAS UNDERLYING TO 1204 DEC	CRIBE HOW INJURY OCCURRED	/Fotor nature of injury in Pr	ort Lor Port II of Ham 18 )	YES NO
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SHOT HOW HOOK! OCCORNED	. (Enter holore or injury in the	or for the first tent to.	
	3 20c. TIME OF INJURY Manth, Day, Year 20d, It	NJURY OCCURRED 20e. PL	CE OF INJURY (Hame, farm,	20f. (City or town)	ounty) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. It Hour o. m. While at worl	Not while for	tory, street, office bldg., etc.)		(5,0,0)
	21. I certify that I attended the decease	ed from	, 19, to1	igust_11_, 19 <u>58</u> ,that I l	ast saw the deceased
	alive an August 11 , 19	58, and that death	accurred at 9:30P	M, fram the causes and on th	e date stated abave
	U . 1011	1 1		DDRESS (Street, city or town, state)	DATE SIGNE
	SIGNATURE TREVERSE OF THE	Touch ,	1835 8	1. C. ST. 7. L	0-8-12-5
1			n.b		90123
	PHYSICIAN'S NAME (Type) Dr. Frederick Har	tsock	60	sh. D.C.	
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, of county)	// (Stafe) /
	(Semoval (Spegly) (1110/15/1958	12/110.11	shids)	190mg, Hati	Va Kan
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
(	19 tank and 3	11811918 H	AUG AUG		
	It a mile y some 200	-4 345116 1V	DATE DATE	1 4 '58 Orthun S. A	rated

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	Springer to the beautiful and the second
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## FOR STATE DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded the Medical Examiner's Office along with form PMS. Pages 5 may be retained for your files. TO FUNERAL DIRECTOR: 3 should be used as by with the State Board of Health, or removal, and in any event within a feet death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09414 Reg. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9406

	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceor			ce before	e odmis	sion)
		Davis and Comment		MARY	LAND	o. STATE Maryl	and	b. COUNT	Prince	e Ge	org	13
	b. CITY OR TOWN and give nearest to	If outside corporate Buils, was	FURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I		porote limits, write	RURAL and s	give nea	rest low	n)
_	Cheverl			2 days		X Oxon Hil	1					
	d. NAME OF HOSE	PITAL OR INSTITUTION (	If not in I	nospital, give street address	)	d. STREET ADDRESS						STDENCE FARM?
		George's Ge	nera	1 Hospital		4925 Whee	ler Ro	ad				NO
	NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE OF	Month	1	Doy	Ye	100
-	(Type or print)	Maude		Gertrude M			DEATH	Angust		29	19	58
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		-	R 24 HPS.
	Female	White	WIDOV	DIVORCED [		5/5/84		74 yrs.	Months D	oys   F	fours	Min.
100	. USUAL OCCUPA	TION (Give kind of work king life, even if relired)	done 10b	. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Slote	or foreign c	ountry)	12. CITIZI	EN OF V	WHAT (	OUNTRY?
	House w.		N. H.	Own Home		Distri	ct of	Colum	bia	U.	S.	A.
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN.			7			
	J	oseph W.	Fill	ius		Mary A.	Smi	th				
15		EVER IN U. S. ARMED FO	RCES?		17. INF	DRMANT		Address				
1	No	(II yes, give wor or dates of	service)	None	Gi	lbert F.	Moore	e. Same	as #	2		
	18. CAUSE OF DE	EATH [Enter only one cou	se per li	ne for (o), (b), and (c), ]						INTERVA	L DETWEL	IN
	PART I. DE	EATH WAS CAUSED BY:		Shock						ONSET	AND DEA	i t
	903.0	IMMEDIATE CAUSE (a)										
	Conditions, If			Fracture	e of	the left	hip.	e Table		125		
	gave rise to imn	nediote couse										
	(a), stoling the	underlying (c)								136		
Z				CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	UNAL DISEAS	E CONDITION GIV	EN IN PART I	1/0) 10	WASA	LITOPSY
SE S					-						PERFOR	
S	20a. EXTERNAL C	AUSE WAS 20	b DESCI	IBE HOW INJURY OCCUR	RED /Ent/	er noture of injury in Po	et I or Post II	of item 18 )		163	, ப	MONEST
L CERTIFICATION	PRIMARY D or C	ONTRIBUTING	Fel	ll on floor	r in	home						
MEDICAL	20c. TIME OF IN.			I. INJURY OCCURRED 20	e. PLACE	OF INJURY (Home, form, street, office bldg., etc.	m. 20f. (City	or town)	(Count	(y)		(Stole)
MED	11:00	8/26 <del>5</del>	8 8	work of work	Home	, sirect, entire biog., en	Ox	on Hill	P.G	•	I)	Id.
	21. I certify	that I took charge	of the	remains described	abave	, held an Autap	y 🔲, Ir	spection .	Inquiry	Et.	and	in my
	apinion deat	h resulted fram: 1	Vatura	causes . Accid	ent 🏳	Suicide .	Homicide	□. Undete	rmined mo	nner	П	
					7							
	ACTUAL	amor	1	1 0	W.	M.D. CHIEF MEDICAL E	XAMINER [			0	DATE SE	GNED
	EXAMINER'S		_		0	- ASSISTANT MEDIC	CAL EXAMINE	the state of the s		20	3.0	10
	NAME (Type)	James I.	Boy	1		DEPUTY MEDICAL	EXAMINER	Au Au	gust	30,	75	958
220	REMOVAL (Speci	TION, 226. DATE THERECO	5-8	LA Ba	RY OR CI	rematory	22d. LOCA	TION (City, town,	oc couply)	Sn	(51019)	7
23.	FUNERAL DIRECTO	OK'S SIGNATURE		ADDRESS		24o. REC	O BY REGIST	BAR 246. REGIS	STRAR'S SIGN	AFTRE	1st	
	Summ	on Bros	-	1661- ad1	Hop	Red DATE	SEP 2	30	200			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar attending physician.

VS A15 (4) 15M 9/55

page 3 shauld be detached the registrar prior ta burial,

his certificate has been signed by the attending physician and completely filled in by the funeral director, use as the burial-transit permit. Then please remove carbon is. Pages 1 and 2 should be filed with

use as the burial-transit permit. Then please remave carbon impairs, or remayal, and in any event within 72 haurs after de

00

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

3. NAME OF FIRST MIDDIES AND PRISCILLA MOORE.    S. SEX	1. PLACE OF DEATH	1 2		re deceosed lived. If institution: Reside	ence before admission)
b. CITY OR TOWN (if outside corporote limits, write RURAL and give nearest from)  Brandywine  d. NAME of hospital (ifgor in hospital, give sireet address)  J. NAME OF DECEASED  (ifye or pirin)  J. NAME OF DECEASED  (ifye or pirin)  J. S. SEX  G. COLOR OR RACE  Negro  WIDOWED  DIVORCED	Prince Georges	MARYLAND			ce Georges
d. STREET ADDRESS OR MOSTULUS NAME OF DECEASED PARTING OR PRISOTILA Middle  13. NAME OF DECEASED PARTING OR PRISOTILA Middle  14. DATE Month Day Year ON A FARM PERSON ON A FARM PRISON ON A FARM PERSON ON A FARM PRISON ON A PART ON A PA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		J	itside corporote limits, write RURAL and	
DECEASED (Type or print)  PRISCITIA  MOOPE  DEATH  AUGUST  19 5  S. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  100. USUAL OCCUPATION (Give hind of work done 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)  110. USUAL OCCUPATION (Give hind of work done 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)  12. FATHER'S NAME  12. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  CLANIE HAWKINS  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address  16. CAUSE OF DEATH [Enter only one couse per line for [o]. (b). ond (c).    PART I. DEATH WAS CAUSED BY.    IMMEDIATE CAUSE (D)  DUE TO  Conditions, if ony, which gove rise to immediate covise (o), stoling the under lying couse lost.    (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10)   19. WAS AUTO (C).    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10)   19. WAS AUTO (C).    200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)  21. I certify that I cittended the deceased from July of which with a course and an the date stated at alive on part of the part of the course and an the date stated at alive on part of the part of the course and an the date stated at alive on part of the part of	d. NAME OF HOSPITAL (If not in hospital, give street add OR ASTITUTION	iress)		R.	e. IS RESIDENCE ON A FARM? YES NO
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (in years   IF UNDER 1/FEAR   IF UN	DECEASED	Middle		OF DEATH	Day Year 19 58
13. FATHER'S NAME	TO THE PARTY OF TH		DATE OF BIRTH	9. AGE (In years If UNDE lost burthdoy) Months	
Clanie Hawkins  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ada Neale, Brandywine, Md.  18. CAUSE OF DEATH [Enter only one couse per line for [o], (b) ond (ct.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO Conditions, if ony, which gove rise to immediate codes (c), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED YES NO CONTRIBUTING CAUSE OF DEATH IT (FE EITHER, NOTHEY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING TO COURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While I attended the deceased from June 19. And that death accurred at 22 ADP. M, from the causes and an the date stated at alive on 19. And that I last saw the deceased from June ADDRESS (Sireet, city or town, stote)  PHYSICIAN'S Add To The Text III of the causes and an the date stated at ADDRESS (Sireet, city or town, stote)  DATE SIGNATURE  PHYSICIAN'S Add To The Text III of the causes and an the date stated at ADDRESS (Sireet, city or town, stote)  DATE SIGNATURE  PHYSICIAN'S Add To The Text III of the Course of Course, stores, city or town, stote)  DATE SIGNATURE  PHYSICIAN'S Add To The Text III of the Course of Course, stores, city or town, stote)  DATE SIGNATURE  PHYSICIAN'S Add To The Text III of the Course of Course III of the Course of Course, stores, city or town, stote)  DATE SIGNATURE  PHYSICIAN'S ADDRESS (Sireet, city or town, stote)  DATE SIGNATURE					TIZEN OF WHAT COUNTRY?
Text   Part   Conditions, if ony, which gove rise to immediate costs (c), stoling the gunder   Lying course lost.   Co. ACCIDENT WAS UNDERLYING   OR. ACCIDENT WAS UNDERLYING   OR. ACCIDENT WAS UNDERLYING   OR. CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. TIME OF INJURY Month, Day, Year of work	13. FATHER'S NAME				
PART 1. DEATH WAS CAUSED BY MMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate costs (o), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING OR CONTRIBUTING CONTRIBUTION CONTRI					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cotise (o), stating the under- lying couse lost.  (c)	une h	ye. hyoer	edeal Failu	ONSET AND DEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PART II. OTHER SIGNIFICANT CONDITIONS CON				PERFORMED? YES NO
21. I certify that I attended the deceased from June 27, 1954, to June 4, 1958, that I last saw the deceased alive on July 30, 1958, and that death accurred at 2:40Pe.M. from the causes and an the date stated at ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  PHYSICIAN'S 1/21511 M SERVICE MD	OR CONTRIBUTING CAUSE OF DEATH	TOWN INJUNT OCCURRED.	(Enter notice of injury in the	in the total in or them is.	
21. I certify that I attended the deceased fram. Tune 27, 1954, to drug 4, 1958, that I last saw the deceased alive on July 30, 1958, and that death accurred at 2:40 Pe.M., from the causes and an the date stated of ADDRESS (Sireet, city or town, stote)  ACTUAL SIGNATURE  PHYSICIAN'S 1/21511 M SERVICE MD	20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work		E OF INJURY (Home, farm, ty, street, office blog., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the deceased alive on July 30, 1958  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) AHEH M.	SERON	occurred at 2: 40P.	M, from the causes and an	the date stated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22b. Date thereof  Aug. 9, 1958  22c. NAME OF CEMETERY OR CREMATORY  Asbury M.E.  22d. LOCATION (City, town, or county)  Brandywine, Md.  (Stote)	REMOVAL (Specify) Aug. 9, 1958	Asbury M.E.		Brandywine, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  The Huntt Funeral Home Waldorf. Md.			240. REC'D	BY REGISTRAR'S S	IGNATURE

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by the attending physician and completely filled in by the funeral director,	ers. Pages I and 2 should be filed with	/	The state of the s
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	9448	3	CERTIFIC	ATE OF DEATI	Н	Reg. I	Dist. No.	
1. PLACE OF DEATH a. COUNTY Pr	ince Georg	ge's	MARYLAND	2. USUAL RESIDENCE (W	here deceased live	ed. If institution: Resid b. COUNTY Pri		
b. CITY OR TOWN (III	f outside corporate lime carest town)	ils, wrile	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limils, write RURAL one	d give nearest l	own)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, 9 506 Emers	on St	ddress)	d. STREET ADDRESS 5506 E	merson	St.	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Alice	rst B	Middle Louise	Morris	4. DATE OF DEATH	August	<sup>Doy</sup> 6,	Year 58
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWEI	DIVORCED DIVORCED	8. DATE OF BIRTH  June 2, 19		GE (In years IF UND) Months yrs.	Doys Hou	
during most of work	DN (Give kind of work king life, even if retired	done 10b. I	A.F.C. Co.	USTRY 11. BIRTHPLACE (Stote Pennsy		у) 12. С	U.S.A.	AT COUNTR
13. FATHER'S NAME	William	Adam		14. MOTHER'S MAIDEN I		Kling		
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of	service)	65011043	John P. Mo	rris	Address Sa	me as	# 2
САТІС	the <u>under-</u> DUE TO  OUT  DIER SIGNIFICANT CON	D) Q		T NOT RELATED TO THE TERM			PEI	AS AUTOPSY RFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II o	f item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While	JURY OCCURRED 20e. P. Not while of work	LACE OF INJURY (Home, form actory, street, office bldg., etc	m, 20f. (City or I	own)	(County)	(Stote
21. I certify the alive an 8 -	at I attended the	decease , 19 S	d from 1714 8, and that death	. 1958 to 19	M, fram th			
220. BURIAL, CREMATION REMOVAL (Specify) Removal	Aug. 17			OR CREMATORY		(City, town, or county	Pennsy	itafe) <b>Ivenie</b>
23. FUNERAL DIRECTORS		1	ADDRES 1739 Ba	TTO. AVE.	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE Sun S. Kra	

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Reg. Dist. No.

Days

(County)

Goorge's

e. IS RESIDENCE ON A FARM?

YES NO IC

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN DNSET AND DEATH

> PERFORMED? NO.F

DATE SIGNED

1958

(Stote)

(Slote)

1958

VS. AISME

CONTRACTOR OF BUILDING

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9363 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince o. STATE ryland filed b. COUNTY Prince George George MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Pe RURAL and give negrest lown) 14 0 Mount Rainier Mount Rainier vrs. the fu d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM 31 st. Street YES TI NO 2 3. NAME OF 4. DATE Middle Lost Month Day Year filled in DECEASED OF DEATH (Type or print) Mullinix Susie 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years birthday) Months Days Hours Min WIDOWED TO DIVORCED [ Female White YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. RIPTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter Corl 000 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Pherson Same as above Ruth Mc 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 DUE TO Yuc Conditions, if any, which (6) gave rise to immediate **DUE TO** cause (o), stating the underlying couse last. (c) ATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buriol YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) Hour factory, street, affice bldg., etc.) 0. 11. While Nat while at work p. m al wark 21. I certify that I attended the deceased from \_\_\_, 19.5\_2, that I last saw the deceased M, from the causes and on the date stated above. and that death occurred at & ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIR should PHYSICIAN'S NAME (Type) m 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) Colmar Manor. Lincoln Cemetery Fort

THE ADDRESS

24g. REC'D BY REGISTRAR

DATE

24b REGISTRAR'S SIGNATURE

death.

within 24

executed

PHYSICIAN

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VS A15 (4)

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23. FUNERAL DIRECTOR'S SIGNATURE

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9450 CERTIFICATE OF DEATH Reg. Dist. No. il director, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Prince Georges D. C. the funeral shauld be fi b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Glenn Dale 13 days Washington (rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 36 W. St., N. W. YES NO T Glenn Dale Hospital = NAME OF Middle Last 4. DATE Year DECEASED W. Joseph Mvers (Type or print) DEATH 58 19 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min. DIVORCED [ WIDOWED [ 65 yrs. White 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Retired USA Md. Butcher carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Nee John Henry Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address dates of service) - 1918 Decedent Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Pulmonary hemorrhage dav DUE TO 12 yrs. Pulmonary tuberculosis Conditions, if any, which gave rise to immediate Pe P DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) ö 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. n. Not while 19 ot work at work p. m. 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 1:00 A.M. fram the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Glenn Dale Hospital should PHYSICIAN'S Glenn Dale, Md. Moe Weiss. M. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 249, REG'D BY REGISTRAND 24b. REGISTRAR'S SIGNATURE

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the haspital or attending physician and completely filled in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. To Funeral Director or season and completely filled in by the funeral director. The registrar prior to burially cremation, ar removal, and in any event within 72 purs after about.

	MARYLA	AND STATE DEPARTM	ENT OF HEALTH	-BALTIMORE,	18	09420
	9451	CERTIFICA	ATE OF DEATH		Reg. Dist. N	() 0 1 0
	PLACE OF DEATH o. COUNTY PRINCE	SECKLE MARYLAND	2. USUAL RESIDENCE (Who o. STATE MAR)	ere deceased lived. If institut	ion: Residence bel	fore admission)
	b. CITY OR TOWN (if autside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16  3 YEARS.	c. CITY OR TOWN (If or	utside carporate limits, write l	RURAL and give n	earest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 2002 SARANAC	e street oddress)	d. STREET ADDRESS 2002 SAA	RANAC ST	4,	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) FRANCES	Elizobet	lost Nauman	4. DATE OF AUG	nth 23	Day Year
	FEMALE CAUCASIAN	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MAR. 20,1	900 9. AGE (In years last birthdoy) 59 yrs	Months Days	Hours Min.
	o. USUAL OCCUPATION (Give kind of wark do during most of warking life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	A	12. CITIZEN	OF WHAT COUNTRY
3.	FATHER'S NAME ANDREW P	PEOERSEN	14. MOTHER'S MAIDEN N	ME UISE H	UBN	ER
	. WAS DECEASED EVER IN U. S. ARMED FORCE es, no. or unknown) (If yes, give wor or dates of servi	ice) D	NFORMANT EXIMONA NEWY		dress Soronuc	St Adalehi
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	e per line for (a), (b), and (c).] (ystadenocal	cinoma	ovaries.		TERVAL BETWEEN NSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> couse last.  (b)  DUE TO  (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDI	TIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES A, NO
	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p. m. 19	20d. INJURY OCCURRED While Not while for work for work	ACE OF INJURY (Hame, form, ctary, street, office bldg., etc.)	20f. (City or town)	(Caunty	(Stote)
	21. I certify that I attended the dalive on 19.09, 23	-0		M, from the causes of ADDRESS (Street, city or town,	and on the de	saw the decease ate stated abov
	PHYSICIAN'S I JULIAN T	Carolan	M.D. 6216 NI	HATE NE	NO	8 23/28
	NAME (Type) ULLUI/TIM -	JIMPSON.	1011211	1100010		
220	o. BURIAL, CREMATION, REMOVAL (Specify)  DURIAL AUG. 26.18	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county)	(State)

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VS A15 (4) 15M 10/57

THE PERMITTER OF THE PE	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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9407 CERTIFICATE OF DEATH

M

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	on: Residence before admission)			
	Prince Georges	MARYLAND	Prince Georges					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Cheverly				/5 Hyattsville			
7	d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDENCE			
/	Prince Georges General	Hospital	6012 - 39	th Ave.	ON A FARM? YES NO			
	3. NAME OF First	Middle	Lost	4. DATE Mon	th Day Year			
	OFCEASED (Type or print) Paul A	Nor	folk	OF DEATH AUE				
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.			
	Male White WIDOWED	DIVORCED	Mar. 1. 189	12 (66 yrs.	Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during math of yorking life, even if retired)	ND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE Frote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Butcher	thred	mel.		W.S.a.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
	John S. Nortolk		Kate 3	nott				
	15. (AS DECEASED EVER IN U. S. ARMED FOR CES? 16. SO	CIAL SECURITY NO. 17. II	VFORMANT	Addr	ess			
	KES MUI		enes Q. V	wholk				
	18. CAUSE OF DEATH [Enter only one couse pas line	for (a), (b), and (r).]	00	7	INTERVAL BETWEEN			
	IMMEDIATE CAUSE (6)	J. Velen	m onog	elion	ONSET AND DEATH			
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	Conditions, if ony, which ) (b)	no sclar	gear ka	- accor	hey.			
	gove rise to immediate couse (o), stating the under-	MO	0 / 60 /	1.0 (11				
	lying couse lost. (c) Car Howards Alfarelli - Channel							
	PART II. OTHER SIGNIFICANT CONDITIONS COL	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
0	CAT				YES NO			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Month, Doy, Year While of work		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
	p. m. 19 of work		G G G G G G G G G G G G G G G G G G G	-	-			
	21. I certify that I attended the deceased	From 7-30	195° to C	lug 195	,that I last saw the deceased			
3	alive an 18 Aug 195	7 / /			nd on the date stated above.			
	12.10.00	Jeff a		DDRESS (Street, city or town,				
	SIGNATURE CONTROL OF THE SIGNATURE	Juns	4713	- Therunge	109 5-19X			
1								
	PHYSICIAN'S Dr. Walcott Ett	denne ., M.D.	Coco	1 Cary	Ma			
	220. BURIAL, CREMATION, 22b. DATE THEREOF	2c. NAME OF CEMETERY O	CREMATORY	2d. LOCATION (City, town, o	r county) (State)			
	BEMOVAL (Specify)	arbuten h	Langula	antendan	1/4			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D	BY REGISTRAT 24b. REGIS	TRAR'S SIGNATURE			
	3. Trascho Dono We	rottomle	mel DATE AT	6 2 2 '58	Thur & House			
			7		a, mare			

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page		TO FUNERAL DIRECTOR: Ale 15's certificate has been signed by the attending physician and repletely filled in by the funeral director	page 3 shauld be detached. Use as the burial-transit permit. Then please remove carbon p. 1s. Pages 1 and 2 should be filed with	
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0	may be retained by the haspital or attending physician.	TO F	pag	the

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09422 Reg. Dist. No.

	9408		CERTIFICA	ATE OF DEATH	Н	Reg. Di		Tion
1. PLACE OF DEATH o. COUNTY	Coorda		MARYLAND	2. USUAL RESIDENCE (WO o. STATE Mary	h C	COLUMN TO A	ince Ge	
	ICA Georges	ts. write	c. LENGTH OF STAY IN 16		outside corporate limits,			
RURAL ond give	nearest town)					WITH KONAL OHG	disa negresi io	with
Che ver	PITAL (If not in hospital, s	ive street	L days	15 Hyattsv.	TITE			
OR INSTITUTION	V	ive sileer	oduressy	d. STREET ADDRESS			e. IS R	A FARM?
	orge Genera	1 Ho	spital	3401 S	tanford St.		YES [	NO
3. NAME OF DECEASED	Fir	st	Middle	lost	4. DATE OF	Month	Day	Year
(Type or print)	John		L	Norris	DEATH	Aug	1	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (II		TYEAR IF UN	DER 24 HRS.
Male	White	WIDOW		11 April 187	_ lost bir	thdoy) Months	Days Hours	s Min.
			KIND OF BUSINESS OR INDU		· UL		TIZEN OF WHA	AT COUNTRY
during mout at we	orking life, even if retired	)			m	d. 1	V. 50	/
13. FATHER'S NAME		,		14. MOTHER'S MAIDEN N	NAME /		1	
Joh	my H N	07	715	Jamo A	mm (oh	ecolt	1.72	
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT	3	Address	1 // (	
(Yes, no, or unknown)		ervice) 5	78-54-1502	That	:TI Ro-	. /		
118 CAUSE OF D	EATH [Enter only one co	ura par li	70 - 10 - 4	1107	vay 11 a	ra a	1	
	EATH WAS CAUSED BY:	use per ii	ne 105 (d), (b), one (c).]	the !			INTERVAL I	DOEATH
332×	IMMEDIATE CAUSE (o	)	Crewal	1 We Oall totel	V		90	2043
Conditions, if gove rise to couse (a), statin lying couse los	g the under-	)	Arferosci	Perofee le	relin!	Disco		
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PAR	PERF	S AUTOPSY FORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item	18.)		
	JRY Month, Doy, Yes			ACE OF INJURY (Home, form	n, 20f. (City or town)	(	County)	(State)
Hour a.m	10	While	k Ot work	ctory, street, office bldg., etc	:.)			
	that I attended the		- 2/1	14 , 19 5 % to	illug.	19 5 f, That 1	last saw the	e decease
alive on	31 July	192	58 and that death	occurred at 7,55				
1	01 1	0	12.		ADDRESS'(Street, city o			DATE SIGNE
ACTUAL SIGNATURE	Leou h	The	Cher MP	M.D. 7206	Colexue	Ile Ko		
PHYSICIAN'S NAME (Type)	Dr. Leon (	alla	n., M D.	W./0	Lejafferel	la	Ma	/.
220. BURIAL, CREMATI REMOVAL (Specif		F	22c. NAME OF CEMETERY O	R CREMATORY Heart	Busher	town, or county)	(Sto	ate)
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	240. REC'	D BY REGISTRAR 24	b. REGISTRAR'S SIG	GNATURE	
W. Clay	e mallinge	in	Lemoscollow	one mol DATE	MIG 5 '58	aud.	euch	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8 Items

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYL		2. USUAL RESID	ENCE (Wh	ere deceased l	ived. If institut		nce before	odmission)
b. CITY OR TOWN RURAL and give	rince George (If outside corporate limit		NGTH OF STAY I	N 1b	c. CITY OR T	rylan OWN (If o	d utside corporo	te limits, write		give neares	
Cherrer			11 days		Berwyn	Heig	hts				
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, a	ive street oddres	is)		d. STREET A						IS RESIDENCE
Prince Geo	rge General	Hospita	7		8529 5	8 Ave				Y	ES NO
3. NAME OF DECEASED (Type or print)	Warren		Middle		Norris		4. DATE OF DEATH	Augus		Doy 16	Yeor 1958
5. SEX			NEVER MARRIE		DATE OF BIRTH		9.	AGE (In years			UNDER 24 HR
Male	White	WIDOWED [	DIVORCED		9/18/98	3/2/	/1889	lost birthdoy)	Months		lours Min.
/Salvesm	TION (Give kind of work of orking life, even if retired) on Machinis	. Wash.	of Business OR	val.	Gun		or foreign cour	ntry)			States
3. FATHER'S NAME	03.				14. MOTHER'S	MAIDEN N	AME				
Jame	s S. No	nis			all	ice	ET	inter			
5. WAS DECEASED EN	VER IN U. S. ARMED FOR		L SECURITY NO.	17. INF	DRMANT			Add	dress		
No	(iii yez, give not or odine of te	, , , ,		La	ura Nor	ris	8529 58	Alte	Berwy	n Hei	ghts
Conditions, if gove rise to couse (o), stoting lying cause lost	immediate DUE TO	HYPE	rtchsi	ive			clerat		sease	5	years
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OR CONTRIBUTION	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (	Enter nature of	injury in P	ort I or Part II	of item 1B.)			
20c. TIME OF INJU Hour a.m. p. m.	10		Not while	20e. PLACI foctor	E OF INJURY (H ry, street, office	lome, farm, bldg., etc.)	20f. (City or	town)	(	County)	(Stote
21. I certify I alive on Au	hat I attended the gust 16	deceased from 1958,	om Augus	death o	, 1958, ccurred at	8:35	M, from to DDRESS (Street	the causes of city or town	and on t	last saw he date	the decear
PHYSICIAN'S NAME (Type)	Dr. Charles	Hagen	50				/		an single		1.4
PENOVAL SPECIAL	duy. 19.1	158 nc.	NAME OF CEMET	FERY OR C	REMAJORY		22d. LOCATIO	N (City, town,	or county)	Mu	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	Jash.	ADDRESS C	4		24a. REC'D	BY REGISTRA G 1 9 '58	-	ISTRAR'S SI	11	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: Ale the serificate has been signed by the attending physician and propletely filled in by the funeral director, page 3 shauld be detached use as the burial-transit permit. Then please remave carban, its. Pages 1 and 2 should be filled with the registrar prior to burial, Crematian, ar remaval, and in any event within 72 haurs effect death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 VS A15 (4) 15M 10/57

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**CERTIFICATE OF DEATH** 

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requires that the death certificate be executed within 24 haurs after death. Page 4

ar attending physician. may be retained by the haspital page 3 should be detached the registrar priar to burial,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) 15M 10/57

1. PLACE OF DEATH a. COUNTY										
			44 A D	YLAND 2	USUAL RESIDENCE (V		L COLINITY	,	ice before o	odmission)
Prince Ge	eorge		MAR	TLAND	Maryland	Prince	George			
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi arest town)	Is, write	c. LENGTH OF STAY		c. CITY OR TOWN (I		ote limits, write	RURAL ond	give neares	t town)
Cheverly			11 days	5	Upper mar]	Lboro				
d. NAME OF HOSPITA OR INSTITUTION			ddress)		d. STREET ADDRESS					S RESIDENCE
Prince Geo	rge Genera				Box 256				1	ESX NO
3. NAME OF DECEASED (Type or print)	Fi	rst	Middle		Last	4. DATE OF DEATH	Mo		Doy	Yeor 1958
5. SEX	6. COLOR OR RACE	7	La Ru		Owens			ust	1 Ve in in	
Female.	Colored	WIDOWEE	ED NEVER MARR		9-11-26	,	AGE (In years last birthday)			OURS Min.
100. USUAL OCCUPATIO		done 10b K	IND OF BUSINESS	OR INDUSTR		le or foreign cou			TIZENI OF V	VHAT COUNT
during most of worki	ng life, even if retired	)	01 003111233 1	OK IIIOOJIK	TI. BIRTITI DACE (SIG	ie or roreign coc	,,,,,,	12. CII	IZEN OF V	VHAI COUNT
					Maryla	nd			U.S.	
13. FATHER'S NAME		71			14. MOTHER'S MAIDEN	NAME				
Henr	y D. Ayer	îs.			Ida Buf	ord				
15. WAS DECEASED EVER			OCIAL SECURITY NO	D. 17. INFO	RMANT	567.7	Ade	dress		
(1 es, no. or phanown)	f yes, give war or dates of s	ervice)		Una	al ma Han					
					sband-Hor	ace UW	ens-up	per		oro M
	TH [Enter only one co	use per line	or (0), (b), and (c)	H					INTERV	AL BETWEEN AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	de	umah	10 A	MARA	nec	_		CHZEI	AND DEATH
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gave rise to im		//								
cause (o), stoting t	he under. DUE TO									
lying cause lost.	he under DUE TO	1								
lying cause lost.	he under DUE TO	1	ONTRIBUTING TO DE	EATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GI	VEN IN PAR	P	ERFORMED?
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Cause (o), stoting the lying cause lost.  PART II. OTHER  20a. ACCIDENT WAS OR CONTRIBUTING.	TO CAUSE OF DEATH	DITIONS CO			OT RELATED TO THE TERI			VEN IN PAR	P	ERFORMED?
Cause (o), stoting the lying cause lost.  PART II. OTHER  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	TO CAUSE OF DEATH	DITIONS CO						VEN IN PAR	P	ERFORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceared fired 6. COUNTY MARYLAND 2. CHY OR TOWN II doubte corporate limits, write 6. CURT OR FOWN II doubte corporate limits, write 7. MARYLAND 2. CHY OR TOWN II doubte corporate limits, write 7. MARYLAND 2. CHY OR TOWN II doubte corporate limits, write 7. MARYLAND 2. CHY OR TOWN II doubte corporate limits, write 7. MARYLAND 2. CHY OR TOWN II doubte corporate limits, write 7. MARYLAND 2. SEA THORAGON 2. SEA	13	9412 CERTI	FICATE OF DEATH
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SABEDTOOK ACTES    SABET ADDRESS   A STREET ADDRESS	be of	b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY)	
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13. AATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if any, which gave rise to immediate laying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND  19. CAUSE OF DEATH [ETHER NOT PROVIDED TO THE TERMINAL DISEASE COND  CONDITIONS OF THE PROVIDED TO THE TERMINAL DISEASE COND  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND  20. ACCIDENT WAS UNDERLYING [ 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of its (if ether part of the contribution of work	nd dearm	during most of working life, even it retired)	(1 hr - 1 (1))
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200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af its OR CONTRIBUTING   CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH OR CAUSE OF DEATH	physic as bee ial-trai		TH BUT NOT RELATED TO THE TERMINAL DISEASE COND
21. I certify that I attended the deceased from AUST, 19.50, to Aug 14  alive on Aug. 13, 19.58, and that death accurred at 1.304 M, from the care of the company of	tending ificate h the burn , ar rem	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of ite
alive on Aig. 13. , 1958. , and that death accurred at 1:304 M, from the capture of the capture	al or at or	20c. TIME OF INJURY Month, Day, Yeor Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJURY (Home, farm, factary, street, office bldg., etc.)
ADDRESS (Street, city)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL. CREMATION, 22b. DATE THEREOF  REMOYAL (Specify)  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, 22b. DATE THEREOF  REMOYAL (Specify)  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, 22b. DATE THEREOF  REMOYAL (Specify)  22c. NAME OF CEMETERY OR CREMATORY  CHARLES (Street, city)  ADDRESS (Street, city)  PHYSICIAN'S NAME (Type)  22c. NAME OF CEMETERY OR CREMATORY  CHARLES (STREET, city)  ADDRESS (Street, city)  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)  22c. NAME OF CEMETERY OR CREMATORY  CHARLES (STREET, city)  ADDRESS (Street, city)	de de la company	21. I certify that I attended the deceased from AU	S-UST 7, 1958, to Aug 14
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOYAL (Specify)  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOYAL (Specify)  REMOYAL (Specify)  23. EUNERAL DIRECTOR'S SIGNATURE  VS A15 (4)  VS A15 (4)  ADDRESS T. R. R. L. L. 24c. BCCD BY REGISTRAR  ADDRESS T. R. L. L. 24c. BCCD BY REGISTRAR  AND TO BE THE PROPERTY OF CREMATORY  23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS T. R. L. L. 24c. BCCD BY REGISTRAR  AND T. L.	FND The h R: A Tache buric	alive on Aug. 13. 1958, and that	
Physician's NAME (Type)  220. BURIAL, CREMATION, 226. DATE THEREOF  PEMOYAL (Specify)  226. BURIAL, CREMATION, 226. DATE THEREOF  PEMOYAL (Specify)  PHYSICIAN'S NAME (Type)  226. NAME OF CEMETERY OR CREMATORY  CIVILINGTON  226. BURIAL CREMATION, 226. DATE THEREOF  CIVILINGTON  226. BURIAL CREMATION, 226. DATE THEREOF  CIVILINGTON  226. BURIAL CREMATION, 226. DATE THEREOF  CIVILINGTON  226. DATE THEREOF  CIVILINGTON  226. BURIAL CREMATION, 226. DATE THEREOF  CIVILINGTON	R ed	ACTUAL SIGNATURE LLZ Treune	M.D. 47/3 Revu
REMOYAL (Specify) 8/18/58 Arlington Camelley aresistrar VS A15 (4)  P ADDRESS REMOYAL (Specify) 8/18/58 ADDRESS RELIES 240. 96°CD BY REGISTRAR VS A15 (4)  VS A15 (4)	TAL retor how tror	01000000	Cally 7
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	VS A15 (4)	100 1 7 100	ANG 1 0 150

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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AIE OF DEATH		Reg. Dist. No	
2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b. COUNTY	on: Residence befo	re admission)
Manyland c. CITY OR TOWN (If outs	Prince Georgide corporate limits, write Ru	RAL and give ne	prest town)
X Seabrook Acr			
d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO TO
9405 Tucker			7 74
THE RESERVE OF THE PARTY OF THE	OF DEATH		
- Pinkos	In ACE II	ng. III	19 58 IF UNDER 24 ARS.
8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days	Haurs Min.
11-3-1919 STRY 11. BIRTHPLACE (Stote or		12 CITIZENI C	F WHAT COUNTRY
abron	(01: -	II. CHIZZIA	. WHAT COUNTRY
14 MOTHER'S MAIDEN NAM	AF O CO	U.S.	No.
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heart	de care	5. "	
NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	EN IN PART 1(0)	PERFORMED?
D. (Enter nature of injury in Part	Lor Part II of item 18.)		YES NO
D. (Einer nature of infory in rain	To Toll II of Hell 10.)		
ACE OF INJURY (Home, farm, Clary, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
cidiy, sireer, office blog., erc.)			
ST7. 1958, 10 AC	9 14 , 1938	that I last so	w the deceased
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M.D. 47137	Column 1	Hote)	DATE SIGNED
Calle	ere Ox	My	7117
R CREMATORY 22	LOCATION (City, town, or	county)	(Stote)
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240 PCD B	Y REGISTRAR 241/REGIS	TPAP'S SIGNATUR	e .

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	9364 CERTIFICA	ATE OF DEATH  Reg. Dist. No.
1	1. PLACE OF DEATH .  O. COUNTY PRINCE GEORGE MC MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY RIVER (FORE)
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. City OR TOWN (If guiside corporate limits, write RURAL and give gearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 103 QUELTNS CHAPLEL PD	3105 QUE 3 MS CHOPELPAT. IS RESIDENCE ON A FARM? YES NO BY
	3. NAME OF DECEASED (Type or print) NLS TTILL JRANGED	PALOSI 4. DATE Month Day Year OF DEATH AUC 14 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 3/8 9. AGE (In year of TUNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	STRY 11. 8IR*HPLACE (Stote of foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  LU'CKLOT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT WORTH H. PAPLE SOTE SV
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY:	Dan San San San San San San San San San S
	IMMEDIATE CAUSE (o) PX HA 5718 N	CARDINE THILURE Young
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	gove rise to immediate couse (a), stating the underlying couse last.  DUE TO  Color To	univary blodder ?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	Oc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the Not white of work of work of work of work	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote)
	21. I certify that I attended the deceased from DECS	1957, to Aug 14, 1958, that I last saw the deceased
	alive on 14.18.19.38, and that death	occurred at / A.M., from the causes and on the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE John Darrington	381012nE 8/14/58
,	PHYSICIAN'S JOHN. F. HARRINGTON	WASHINGTON DC,
	220. BURIAL, CREMATION, 22b. DATE THEREOF TEMPORAL (Specify) AUG 18 19 8 6 LUN WO	(31014)
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		DATENG 1 8 '58 Colong & Thank

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09429

Reg. Dist. No. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give pagrest town) Hvattsville New York City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? County Service Building 154 W. YES NO 141st Street 3. NAME OF DECEASED 4. DATE Nello (Type or print) Reynolds DEATH August 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HES Months Days Hours Min. Male colored WIDOWED [ DIVORCED T 36 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Working most of working life, even if retired)

U. S. Army

Rermida West. 12. CITIZEN OF WHAT COUNTRY? Bermuda, West indies U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel G. Reynolds Mary Wood IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Currently U.S. Army Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulation DUE TO Hanging Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS
PRIMARY 29 or CONTRIBUTING TO
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) Suicidal hanging 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While H attsville. Pr. Geo. Md. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry K. Suicide N. Hamicide N. Undetermined manner opinian death resulted fram: Natural causes , Accident , ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Malonev DEPUTY MEDICAL EXAMINER KI NAME (Type) Aug. 9, 1958 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) I. Nat'l. Cemetery Farmingdale, L. I., N. Y. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15th St., N. E. John T. Rhines & Co. 3001 DATE AUG 1 3 '58 arthur S. Kraus

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#### **CERTIFICATE OF DEATH**

09430

	_		reg. Dist. 140.
	1. (	1. PLACE OF DEATH . O. COUNTY // NCE GONGE MARYLAND 2. USUA O. ST	AL RESIDENCE (Where deceased lived. If institution, Relidence before admission)  ATE  B. COUNTY  FINCE  FEOTOGO
		b. CITY OR JOWN (If optside corporate limits, write c. LENGTH OF STAY IN 1b c. CI	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	7	SEAT PLEASANT RISYLA X	eat Measant.
0		d. NAME OF HÖSPITAL (If not in hospital, give street oddress) OR INSTITUTION	20 Central AUC SESIDENCE ON A FARM? YES NOTE
		3. NAME OF DECEASED (Type or print) Mary Ehizabeth	Plast 4. DATE Month Day Year OF DEATH 8 -21 19 78
	5. 5	5. SEX 6. COLOR OF PACE 7. MARRIED NEVER MARRIED B. DATE C	9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired)	BIRTHPLACE (Stote) or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13.	13. FATHER'S NAME  TAMES KINA  (14. MC)	OTHER'S MAIDEN NAME  TONES
)	15. (Yei	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAT (Yes, no. of updrown) (If yes, give wor or dates of service)	NT Address Mary L William
	7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Cicule Congestive	Carcline frisher ONSET AND DEATH
		420.1 DUE TO	
		Conditions, if ony, which) (b) Cardia a arthura	- Coronary arterioselenas 2422
		gove rise to immediate course (a), stating the under- lying couse lost.  DUE TO  General Anle,	MOSCREROSIS whown
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	CAT	None,	YES NO
	CERTIFICATION		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of twork 19 of work 19	NJURY (Home, farm, 20f. (City or town) (County) (State) et, office bldg., etc.)
		21. I certify that I attended the deceased from Feb. / , 1	1958, talking R.1., 1958, that I last saw the deceased
		alive an Clug 2/ 1958, and that death accurr	ed at 22 AM, from the causes and an the date stated above.
		SIGNATURE Scule C. Thu latt ko M.D. T	ADDRESS (Street, city or town, stole)  DATE SIGNED  AUFICIAN ANALA
1		PHYSICIAN'S PAUP NUNNALTA ZU	Pashington 28 be
-	220	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATE BANKS OF CEMETERY OF CHILD	TORY 22d. LOCATION (City, town, or county)  RCHCEM FORESTVILLE MD
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		W.W. CHAMBERS 517-11 St. S.E.	DATE AUG 2 5 '58 Chilmy S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: Age, this certificate has been signed by the attending physician on a page 3 shauld be detached use as the burial-transit permit. Then please remove carban, the registrar prior to burial, premation, ar removal. and in any event within 72 baurs ofter detached.

ompletely filled in by the funeral director, rs. Pages 1 and 2 should be titled with

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hours after death.

Page

eath. If any delay is necessary, please and 3 to the funeral director. Page 25 may be retained for your files. 2 with the State Baard of Health,

death.

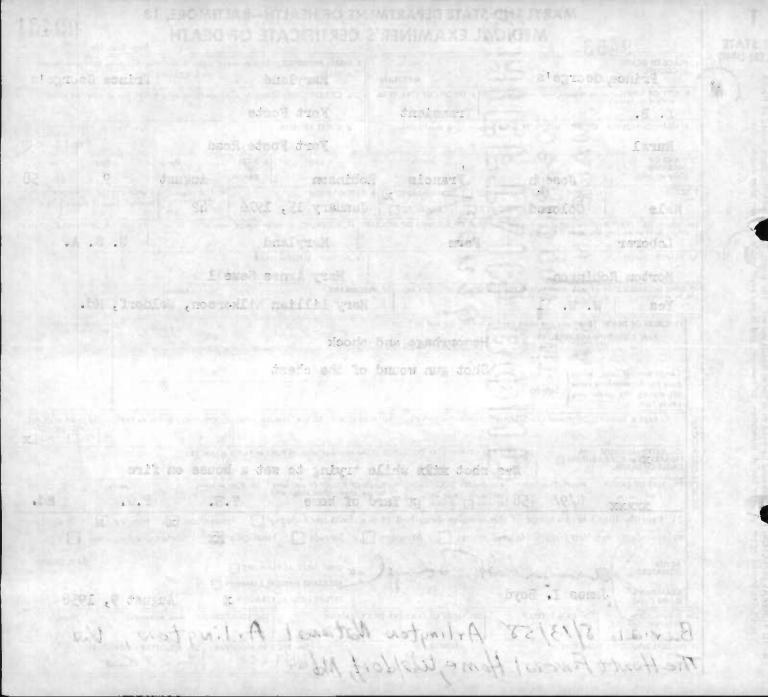
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PLACE OF DEATH	200			112	. USUAL RESIDENCE	(Where decay	and lived If invite	Reg. D	-	
o. COUNTY	George's		MARYI	11	o. STA Maryle					George 's
b. CITY OR TOWN ( and give neorest sow T. B.	If outside corporate limits, write n)	RURAL	c. LENGTH OF STAY !	N 1b	c. CITY OR TOWN	(If outside cor				
	TAL OR INSTITUTION (II	f not in hospi		,	d. STREET ADDRESS		had			ON A FARM
NAME OF DECEASED (Type or print)	Firs Joseph	1	Middle Francis:	Rol	Lost	4. DATE OF DEATH	Monti August		Doy 9	Yeor 19 5
. SEX Male		The St. 1871 N	NEVER MARRIED	8. D/	TE OF BIRTH	1916	9. AGE (In years fashbirthday) 42 yrs.	IF UNDER		Hours Min.
0a. USUAL OCCUPATI during most of worki Laborer	ON (Give kind of work d ng life, even if retired)		ND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sto		country)		ZEN OF	WHAT COUNT
3. FATHER'S NAME	Robinson		35	14	Mary Agn		-11			
	VER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFO			Address	ldorf	, Mo	d.
Conditions, if a gove rise to imme (o), stoting the couse lost.	underlying DUE TO (c).		hot gun wou							
Conditions, if a gove rise to imme (a), stating the couse fast.	ony, which (b) diote couse DUE TO						E CONDITION GIV	'EN IN PAR		P. WAS AUTOPS PERFORMED? (ES \( \) NO \( \)
Conditions, if comme gove rise to imme (a), stating the couse last.  PART II. OY  200. EXTERNAL CA PRIMARY 3 or CO CAUSE OF DEATH.	ony, which diote couse underlying DUE TO (c).  HER SIGNIFICANT CONE  USE WAS NITRIBUTING D	DITIONS CON		BUT NOT	RELATED TO THE TER	MINAL DISEAS	of item 18.)			PERFORMED?
Conditions, if of gove rise to imme (a), stating the couse last.  PART III, OY  200, EXTERNAL CA PRIMARY OF COLOR	ony, which diote couse underlying DUE TO (c).  HER SIGNIFICANT CONE  USE WAS NTRIBUTING (C).  RY Month, Day, Yeo.	DITIONS CON  DESCRIBE H  Was: 81	HOW INJURY OCCURION OF THE PROPERTY OF THE PRO	RED. (Enter	RELATED TO THE TER	MINAL DISEAS ort I or Port II set a 1 rm, 20f. (City	of item 18.)		Y	PERFORMED? (ES NO (Stole
Conditions, if compared to the course lost.  PART II. OT  200. EXTERNAL CA PRIMARY SI OF CO CAUSE OF DEATH.  200. TIME OF INJU- Hour o. m.  21. I certify t	ony, which diote couse underlying DUE TO (c).  HER SIGNIFICANT CONE  USE WAS NTRIBUTING (C).  RY Month, Day, Yeo.	DITIONS CON  DESCRIBE H  Was: 81  1 20d. IN While of work  of the re	HOW INJURY OCCURED  NOT While  of work  mains described	RED. (Enternile de PLACE (foctory, l'ard)	noture of injury in P traing to bridge, of fice bldg  held an Autag Suicide ,	ort I or Port II set a 1 rm, 20f. (City tc.) T	of item 18.) house on	fire (Cou P.G.	inty)	PERFORMED? (ES NO (Stole  Md.)  and in m
Conditions, if of gove rise to imme (o), stoting the couse lost.  PART II. OY  200. EXTERNAL CA PRIMARY OF COAUSE OF DEATH.  200. TIME OF INJUMENT OF	ony, which diote couse underlying DUE TO (c).  HER SIGNIFICANT CONE  USE WAS INTRIBUTING [1]  IRY Month, Day, Yeor  8/9/195  hat I taok charge	DITIONS CON  DESCRIBE IT  Was sl  20d. IN  White of work  of the re  Natural ca	HOW INJURY OCCURED  NOT While  of work  mains described	BUT NOT  RED. (Enternile for factory,  above, ent,	noture of injury in P traing to F INJURY (Home, for street, office bldg., e of hame	minal diseas  orf 1 or Port II  set a 1  rm., 20f. (City fc.) T  Day J, 11  Hamicide  EXAMINER C	of item 18.) house on or town) Be expection \( \overline{\pi}, \overline{\pi} \) Undete	fire (Coo P.G. Inquir	y , nanne	PERFORMED? (Stole  Md.  and in m  DATE SIGNED
Conditions, if c gove rise to imme (o), stoting the couse lost.  PART II. OT  200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.  20c. TIME OF INJUINED TO CO CAUSE OF DEATH.  21. I certify t apinian death  ACTUAL SIGNATURE  EXAMINED TO COMMENT OF THE	ony, which diote couse underlying DUE TO (c).  HER SIGNIFICANT CONE  USE WAS NTRIBUTING []  IRY Month, Day, Yeor  8/9/ 195  hat I taok charge resulted from: N	Was: sl r 20d. IN While of work of the re	HOW INJURY OCCURED  NOT While  of work  mains described	BUT NOT  RED. (Enternile for foctory.  Card above, ent,	noture of injury in P traing to bridge to brid	minal diseas  ort I or Port II  set a 1  rm., 20f. (City ic.) T  Day J, II  Hamicide  EXAMINER D  ICAL EXAMINER	of item 18.) house on or town)  B  Inspection   Undete	fire (Cou P.G. Inquir	y Dananne	(Stole Md. and in m

VS. A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after de execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, 4 shauld be forwarded, a Chief Medical Examiner's Office along with farm PM3. It FUNERAL DIRECTOR: A 3 should be used as a burial-transit permit. File pages I are its designated agent, pitar to burial, cremation, ar remayal, and in any event within A



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No . IS RESIDENCE ON A FARM? YES NO Year 1958 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Doys 12. CITIZEN OF WHAT COUNTRY? United States INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) Prince Georges Md.

(Stote)

Month

VS A15 (4)

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		- William
Amora luin		
AND THE STATE OF T	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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completely filled in by the funeral director, ers. Pages I and 2 shauld be filled with

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09434

414	CERTIFICATE	OF DEA

	9414		CERTII	FICAT	E OF DEAT	Н		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Prince Geo	mas		MARYL		usual residence (w o. state Maryland	here deceased	b. COUNTY		Georg		iion)
b. CITY OR TOWN (If RURAL and give ned	outside corporate limi arest town)	2	days an		c. CITY OR TOWN (IF	11				_	٦)
d. NAME OF HOSPITA	AL (If not in hospital, g		- 4-	r.	d. STREET ADDRESS	1			e	ON A	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	fire France	st	Middle Mae		lost Rowan	4. DATE OF DEATH	Mor		Day		Year 1958
5. SEX	6. COLOR OR RACE		NEVER MARRIE	_	ATE OF BIRTH		9. AGE (In years last birthday)		R I YEAR I		
	White N (Give kind of work on life, even if retired ousewife	done 10b. KIN			10-18-88 11. BIRTHPLACE (Stote	or foreign co	ountry)		ITIZEN OF		COUNTRY
13. FATHER'S NAME	Thomas P			1	4. MOTHER'S MAIDEN Unknow						
15. WAS DECEASED EVER (Yes. no. or unknown)	IN U. S. ARMED FOR I yes, give wor or dates of s	ervice)	one		rmant iam F. Rov	van	Add Mt Rain:		Mary	rlan	id.
Conditions, if an gove rise to im cause (o), stoting to lying couse lost.	he <u>under-</u>	)	TRIBUTING TO DEA	S S	T RELATED TO THE TERM	HANAI DISEAS	Ard	Can la Da		5 7.	DEATH
20g. ACCIDENT WAS	S UNDERLYING   CAUSE OF DEATH				inter noture of injury in			EN IN FA		PERFC	NO [
OUT OF INJURY HOUR O. m.		20d. INJUI While of work	Not while	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	m. 20f. (City	or town)		(County)		(State)
21. I certify the alive an AT ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Vorm, Charles	deceased 19 5  nul	From Apr.  Spand that  Towar	death oc	., 19 <b>6 2</b> to Accurred at 9:50	DM, from ADDRESS (SI 5 0 3	n the causes of reet, city or town,	and an state)		e state	
220. BURIAL, CREMATION PEMOVAL (Specify) BUTIAL	Aug 27,		Washingt		tional	Suit	ION (City, town,	aryla		(Stot	e)
23. FUNERAL DIRECTOR'S		vattsv	ille Mar	vland		D BY REGIST		-	IGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached to use as the burial-transit permit. Then please remave carbother registrar prior to burial cremation, or remaval, and in any event within 72 haurs after detached. VS A15 (4) 15M 10/57

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	ma painta	118355	DATE OF THE PARTY OF THE PARTY OF
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# FOR STATE HEALTH DEPT death. If ony deloy is necessary please. 2. and 3 to the funeral director. Page is 5 may be retained for your files. with the Stote Baard of Health.

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9456

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09436

Reg. Dist. No.

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)			
	o. COUNTY PINCE ( - COVE MARYLAND	o. STATE 127 b. COUNTY (20 COC)			
	b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			
	BOWIE 3047	* Bocust we			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . e. IS RESIDENCE			
}	Home - Bores 16-6	ON A FARM? YES NO E			
	3. NAME OF First Middle	, Lost 4. DATE Month Day Year			
	(Type or print) Thomas	cker DEATH Acres: 26 1957			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.				
	Male Negro WIDOWED DIVORCED	Months Days Hours Min.			
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
/	light Wallenger thepe an	1./env1 (1).			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Chy Knowy	Cintrocuri			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, or yinknown]   (If yes, give wor or dates of service)	IFORMANT Address			
	100 200-0586371	Mary M. Kyoka Dewie, M.			
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	3 wer			
	1621 DUE TO SAL	2			
	Conditions, if ony, which) (b) (1) (1) (1) (1) (1)	(Juce of pour ) hos			
	gave rise to immediate cause (a), stating the underlying DUE TO				
	cause last. (c) 37-621.6	and Chickney of Mis			
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
3		YES NO.			
ħ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  CAUSE OF DEATH.				
		E OF INJURY (Home, farm, 120f. (City or tawn) (County) (State)			
	Hour a.m. While Not while facto	E OF INJURY (Home, form, 1 20f. (City or town) (County) (State) ry, street, office bldg., etc.)			
П					
	21. I certify that I taok charge af the remains described above	ve, held an Autopsy , Inspection , Inquiry , and in my			
	apinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner				
	ACTUAL DATE SIGNED				
	SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER			
6	EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D			
	220. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, lown, or county) (Stote)			
	REMOVAL (Specify 8-29-58 Limely	Men, Manghand,			
	25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			
	John J. Hewart 30-14 de	DATE SEP 2 '58 only S. Krous			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after de execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, 4 should be farwarded to be to Kelef Medical Examiner's Office along with form PM3. Pot TO FUNERAL DIRECTOR: Pc. 3 should be used as a burial-transit permit. File pages 1 c ar its designated agent, priar to burial, cremation, ar removal, and in any event within. VS. A15ME 5M 2/57

PER INJAH

CEDTIEICATE OF DEATH

09437

CERTII		TIE OF DEATH		Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Washi	ere deceased lived. If ngton D bC		before admission)	
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) Hvattsville Md	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, hington D		negresi town)	
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION Bell Nursing Home	eet address)	d. STREET ADDRESS 4929 Firs	t Street	N W	e. IS RESIDENCE ON A FARM? YES NO TO	
3. NAME OF First DECEASED (Type or print) Maria	Middle Se	idel	4. DATE	Month gust 22.	Day Yeor	
	ARRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH  July 29, 195	9. AGE (In lost bird	n years IF UNDER 1 Y thday) yrs. IF UNDER 1 Y	EAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done life, even if retired)	06. KIND OF BUSINESS OR INDUS		ton D. C.		S A	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		Barrier William		
Marquis R Seidel		Norma Cip	riano			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give war ar dates of service]		NORMANT ell Nursing H	lome Hya	ttsville	Maryland.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which  gave rise to immediate  (b)  Liftful Responded to the provided to the provide						
couse (o), stoting the under- lying couse lost.  DUE TO  Course (c) Mox galaxies  Course (o), stoting the under-						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OF ONE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUSE						
Hour o.m.		ACE OF INJURY Home, form, clory, street, office bldg., etc.		(Cou	inty) (State)	
21. I certify that I attended the deceased from Gregory 18, 19. T.S., to Gregory 12, 19. T.S., that I last saw the deceased alive an 8, 22, 19. T.S., and that death occurred at 5, 45 A.M., from the causes and an the date stated above ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. College Perk, M.D. & D. 58						
PHYSICIAN'S NAME (Type)						
	22c. NAME OF CEMETERY OF	Cemetery		ton D. C.	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			b. REGISTRAR'S SIGNA	1	
F. Gasch's Sons H	yattsville, Mar	ryland. DATE	AUG 2 5 '58		, , , , , , , , , , , , , , , , , , , ,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: 4, y, this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 3 should be detached use as the buriol-transit permit. Then please remove carbon, mrs. Pages 1 and 2 should be filled with the registrar prior to buriol, Gremation, or remayal, and in any event within 72 hours after deap. VS A15 (4) 15M 9/55

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1 FOR STATE	MARYLAND STATE DEPARTM 9415 MEDICAL EXAMINER	ENT OF HEALTH—BALTIMORE, 1 'S CERTIFICATE OF DEATH		
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY  Prince Georges MARYLANI	2. USUAL RESIDENCE (Where deceosed lived. If institution of STATE Maryland b. COUNTY		
ctor. Proof file	b. CITY OR TOWN III outside corporate limits, write RURAL ond give negrest town)  CREVERLY  C. LENGTH OF STAY IN 18  D.O.A.	c. CITY OR TOWN All autside corporate limits, write		
is neces ed far y 80 ord	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince Georges General Hospital	d. STREET ADDRESS 2709 Kirkwood Place, A		
he fune fune fune retoin he Stote er death	3. NAME OF DECEASED (Type or print) William Joseph Sherwood	Lost 4. DATE Month OF DEATH August		
P o d d d d	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH . 9. AGE (In years		

Pr. Geo. URAL and give nearest town) e. IS RESIDENCE ON A FARM? ot. 201 YES NO T 11. 58 19 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Min. Male white WIDOWED T DIVORCED [7 YES. 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Joseph Sherwood Shirley Green A5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. Shirley Sherwood: same address as 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). T INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suffocation IMMEDIATE CAUSE (a) **DUF TO** Conditions, if ony, which Smothering with a blanket gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Accidental smothering with a blanket 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) While Not while al wark ol work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection X, Inquiry XX. ond in my opinion deoth resulted from: Notural couses Accident 1 Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) John T. Maloney. August 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Burial 8/13/58 Mt Olivet Cemetery Washington, D.C. 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hyattsville, Md. . Gasch's Sons arthur & Traus DATE AUG 1 8 '58

Reg. Dist. No.

an: Residence before admission)

VS. A15ME 5M 2/57

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## EALTH DEPT

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Pesidence before admission) o. COUNTY b. COUNTY Prince Georges Pr. Geo. MARYLAND b. CITY OR TOWN (If autside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn Heights Vrs. Berwyn Heights d. STREET ADDRESS Ruatan d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 5626 Reuten Street 5626 Routen Street YES NO 3. NAME OF Middle 4. DATE Lost DECEASED 19 58 Derma Ted Showard (Type or print) DEATH Aug. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYPAR IF UNDER 24 HRS. Months Days Hours Min. Male white WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Bus driver Transportation U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Derma Ted Showard Georgia Meers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Elsie Showard; same address as # 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suffocation IMMEDIATE CAUSE (o) 916.0 DUE TO Carbonmonoxide poisoning Conditions, if ony, which gove rise to immediate couse! DUE TO (o), stoting the underlying Conflagration in home couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 🚍 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING Conflagration in room of deceased. Cause unknown at this time. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) While of work of work Berwan Heights. Pr. Geo. 21. I certify that I taak charge of the remains described above, held on Autopsy , Inspection | Inquiry apinion death resulted fram: Notural causes . Accident . Suicide , Homicide , Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINERS John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) August 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Arlington National Com. - Arlington, Virginia ADDRESS Wash . D.C. 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR S.H. Hines Co.-2901 Lith St. N.W.

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Milward Laten T. Blome, M.V.C.

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ACTUAL PHYSICIAN'S NAME-(Type)

MEDICAL

NAME OF

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DECEASED

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20 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OF CREMATORY

ADDRESS

24g. REC'D BY REGISTRAR DATAUG 1 4 '58

24b. REGISTRAR'S SIGNATURE arthur S. Thaus

(State)

22d. LOCATION (City, tawn, or county)

VS A15 (4) 15M 9/58

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Poge files. Health, retained for your fire State Board of H Give Pages h form PM3. used Medical 00 forwarded 1

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VS. ATSME 5M 2/57

Burial Specify

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

8/6/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Pr. Geo. Marvland MARYLAND b. CITY OR TOWN (II outside carporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly D. O. A. Bladensburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 5535 Volta Avenue YES NOX NAME OF 4. DATE Yeor DECEASED 2, 58 August (Type or print) Albert Leonard Snyder DEATH 19 5. SEX 9. AGE |In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Male White WIDOWED [ DIVORCED T 7-19-96 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Deputy Shertff

Law. | 11. BIRTHPLACE (Stote or foreign country) | Washington, D. C. 12. CITIZEN OF WHAT COUNTRY? Washington, D. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bradley Snyder Bernice Kenard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hvattsville. IYes, no, or unknown) (If yes, give war or dates at service) 74th Place, Lerov Snyder: 4205 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Shock IMMEDIATE CAUSE (a) 420,1 DUE TO Coronary Occlusion Conditions, if ony, which gave rise to immediate couse DUE TO (a), stoting the underlying Cardiovascular renal disease couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) foctory, street, office bldg., etc.) While Hour a.m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection (\*\*) Inquiry XX DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER John T. DEPUTY MEDICAL EXAMINED NAME (Type) Maloney, M. D. August 2. 1958 220. BURIAL CREMATION, 226. DATE THEREO!

22c. NAME OF CEMETERY OR ENGROUSE Arlington National

22d. LOCATION (City, lown, or county) Arlington Virginia

AUG 6

DATE

240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

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ADDRESS

Hyattsville, Md.

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	b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	Blackensbury 27Nrs. Dladensburg 33
Г	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  e. IS RESIDENCE ON A FARM?
1	4703 WEBSTER ST. 4103 WEBSTER YES NOD
3.	NAME OF DECEASED And First Middle Middle Month Day Year
	(Type or print) DELORES COSTELLO HOMAS DEATH ALLGUST 10 1958
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED 77-1419 29 yrs.
10a	USUAL OCCUPATION (Give kind of work danc 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	NAITRESS TRIDINAS LIVERN D.C HOSPITAL U.S.A.
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	TEORGE IVI. HOMAS FORENCE IVI. DELIDY
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  s. no. gr unknown)   (If yes, give wor or dates of service)
L	AU - UNKNOWN CORA WELLOTNE
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRELL TOTAL A (LINT/LIESTZA) ONSET AND DEATH S
	4-80 X DUE TO 8-632 8-114.
	Conditions, if any, which ) (b)
	gave rise to immediate cause (a), stating the under DUE TO
	lying cause last. (c)
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	VERMATITE'S
CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. n. While Not while factory, street, office bldg., etc.) (Caunty) (Stale)
MEC	p. m. 19 at work at work
	21. I certify that I attended the deceased from 8- 9-, 1978, to 8-10, 1928, that I last saw the deceased
	alive on X = 9 = 1258, and that death occurred at 1725 A.M. from the causes and on the date stated above.
	ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE May M. Dheller M.D. 4506 R. Leve, Prontonelly
L	PHYSICIAN'S \A/ \A/\S\T.//-
L	NAME (Type) //M. // ) DI//ER
220	BURIAL, CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
	Ash Memorial., Sandy Spring, Md.
23.	PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE
	When I Anonden. Rockville, Md.
-	

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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	1. 1	a. COUNTY 200 ( ALANY AND C. STAT	RESIDENCE (Where deceased lived. If institution: Residence before admission)
-		PRINCE CTEORCIE MARYLAND	MA. 6. COUNTYPRINCE CLEARS
	1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY RURAL and give nearest town)	OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
1		CWINTON 164RSX	CLINTON
		d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  d. STRI	EET ADDRESS   e. IS RESIDENCE
		Rt2 Box71 J K	to Boy717 ON A FARM?
4	3.		Last 4. DATE Month Day Year
		(Type or print) HENRY EDWARD TO	4001AS DEATH AUG 3 1958
	5. 9	5. SEX 6. COLOR OR RACE . MARRIED . NEVER MARRIED . 8. DATE OF	BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		MIDOWED DIVORCED TI JULY	124,1898 Lost birthdoy) Manths Days Hours Min.
1	10a	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR	
71	1	during most of working life, even if retired) HOUSE PAINTER HOUSE PAINTER	INDELL DA 145.A.
	13.		JER'S MAIDEN NAME
		RIGHARD FRIJARD THOMAS	HALLEY SEIBY
-34		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT	Address
	(Tel	(Yes, no. or unknown) (If yes, give war or dates of service) 578-01-1212/YARGA	RET THOMAS-WIFE- RTZAVILE
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Intervar detween 4
		PART I. DEATH WAS CAUSED BY: C. M. TO A 111TTTT	ONSET AND DEATH
- 1		138.0 IMMEDIATE CAUSE (a) CTHS 1100~1N) ES 11	NAW HEHORRHAGE 12HRS
	-	Canditians, if any, which ) (b) SARCOIDOSIS E	ENTENSIDE TERMINAL -1
		gave rise to immediate	TIEN SIVE TEXOUNTED 2928
		cause (a), stating the <u>under-lying cause last.</u>	
	Z		D TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 1/2/ 18 WAS AUTORSY
0	CERTIFICATION	RHEDMATOID ADSTAID TI	PERFORMED?
	IFIC	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. [Enter note	re of injury in Part I at Part II of item 18.1
	CER	20g. ACCIDENT WAS UNDERLYING 1 CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	93 (10)
	CAL		RY (Hame, farm, 20f. (City or town) (County) (State)
	(ED)	Hour o. A. Hour o. A. Hour of the factory, street, of the street,	office bldg., et a) (City or town) (County) (Stote)
	2		7 00=====
		" Alice of the state of the sta	ta,that I last saw the deceased
		alive on 1254, and that death accurred	
		SIGNATURE CHATTLE SLEDGES MMD. B.	PADDRESS (Street, city or town, state)  DATE SIGNED
7		SIGNATURE LANGUE OF M.D. 12	raudian, Charles 4D, 8/3/57
1		PHYSICIAN'S ARTHUR SHAVER TR. R	ONNAU NOE AL WITH TO
	220		RANCH AVE, CLINTON, MD.
	1	BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR	22d. LOCATION (City, town, or county) (State)
	23	23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS 731-11278	on much stange to mary and
		and the state of t	3 Q 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
F	55	yas washing washing	COAPG 7 '58 Virgedium

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e. IS RESIDENCE ON A FARM YES NO

Year

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO TO

(State)

and in my

DATE SIGNED

Days

(County)

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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pletely filled in by the funeral director, s. Poges 1 and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and page 3 should be detached use as the burial-transit permit. Then please remave carbon the registror prior to burial, Elementan, ar removal, and in any event within 72 perms after detached.

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### CERTIFICATE OF DEATH

_								
1	PLACE OF DEATH  o. COUNTY  Prince Georges  MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased	b. COUNTY	G.	before adm	ission)	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
L	Cheverly	X Seat Plea	asant.					
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS				ON	ESIDENCE A FARM?	
1	Prince Georges General	6910 D St				YES	□ NO □	
3	NAME OF DECEASED First Middle  DECEASED (Type or print) Margaret Melvenia Vann	Last	4. DATE OF DEATH	Augu		Day	Yeor 19 58	
5		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	_	11	
	Female White WIDOWED DIVORCED	12-10-43		lost birthday)		lays Hour	1	
10	to. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole of	or foreign co	untry)	12. CITIZ	EN OF WHA	AT COUNTRY	
	Student	Washingt	a wo	. C ,	US	A.		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME					
	VANN. Michael Frederick	Diederick	Cothe	rime 691	n nst	5.17	)	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	)	Add	ress	Den 1	1510 SUM TITLE	
(	(es, no, or unknown) {If yes, give wor or dates of service}							
-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]					INTERVAL		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	COMA			9110	ONSET AN	DEATH	
	260 X DUE TO					1-1-1	1	
	Conditions, if ony, which ) A DIABETE	IVERD						
	gove rise to immediate					115		
	lying source lost							
z	, (6)							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WA!	S AUTOPSY FORMED?	
A DI	NONE					YES [	] NO []	
CEPTIFI		D. (Enter nature of injury in Pa	ort I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while for work of work of work 1	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City	or town)	(Co	unty)	(State)	
	21. I certify that I attended the deceased from	105 710	reser	¥ 10	that I Is	.A 4h		
	Kuris - Ir						e deceased	
	dive on the day in the death	occurred at 10:25	M, from	the causes o	ind on the			
	SIGNATURE SCHOOL D Lauding M	WD 1861-	SO (SIE	eet, city or town,	stote)	One	DATE SIGNED	
	( No or or )		7	2-4		-WK-		
	PHYSICIAN'S NAME (Type) Aaron G. Saidman	14/00	1hin	aton,	De	,		
27	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATI	ON (City, town,	or county)	(St	ole)	
	REMOVAL (Specify) Burial Aug. 19.1958 Cedar	Hill	Su	itland	Md.			
23	FUNDAL DIRECTOR'S SIGNATURE ADDRESS		BY REGISTR		STRAR'S SIGN	IATURE	-	
	Lee Juneral Home 44 mass	3400			8. Kras			
E	THE THINK HILLDS	cuesto garan	9 '58	Commi	s. I viau	V-4		

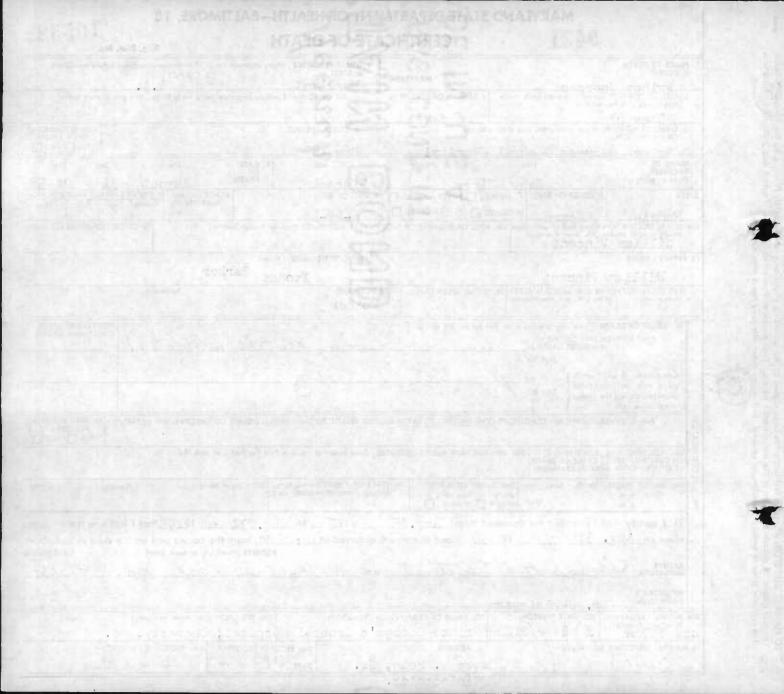
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9421

Administrator.

**CERTIFICATE OF DEATH** 

					-					
		MARYLAND	o. STATE		e deceased	lived. If institution b. COUNTY	on: Residence	before adi	mission)	
Georges	le surite		Mary			- 10 to 10 Pt	A.A.			
neorest town)	is, write	C. LENGTH OF STAT IN IT	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)							
·ly		6 days				9	dX.	- 100		
PITAL (If not in hospitol, g N	jive street c	oddress)	d. STREET	ADDRESS				e. IS	RESIDENCE N A FARM?	
Gaorges Gen	aral	Hospital	Box 1	83					ON O	
		Middle			4. DATE	Mon	th	Day	Yeor	
Ba	by G	irl	Vincer	nt	OF DEATH	Aug	ust	31	19 58	
6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	8. DATE OF BIR	тн	1	9. AGE (In years				
Negro	WIDOWE	D DIVORCED	8-25-	58		угз.	Months	oys Hou	ors Min.	
ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHI	PLACE (State or	foreign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY	
Vincent	)									
			14. MOTHER							
Trd managet			THE MER		Dow	ker				
	CECO IN		1010001111	Ivonne	8					
		SOCIAL SECURITY NO. 17				Addr	ess			
			Morner							
ony, which (b mediate g the under to (c)	p	remotivity (	1 els 10	29				1(a) 19, W/PE	AS AUTOPSY RFORMED?	
VAS_UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in Par	rt I or Part	Il of item 18.)	6 1-1	YES	□ NO □	
Y MEDICAL EXAMINER)										
JRY Month, Doy, Yes	While	Not while	PLACE OF INJURY foctory, street, offi	(Home, form, ce bldg., etc.)	20f. (City	or town)	(Co	unty)	(Stote)	
	decease	ed from. Aug. 25	19.58	, to Aug	g. 31	19_5/	3,that I la	st saw t	he deceased	
lg. 31	, 12	50,_, and that dea	ith accurred a					date st	ated abave	
Thereas to	7.0-	hristensen	M.D.	1		eet, city or town,	Sud	9	DATE SIGNED	
Dr. Christ	ensen		10000000		V					
ION, 226. DATE THEREC			OR CREMATORY	2	2d. LOCATI	ON (City, town, o	or county)	(5	Stote)	
" 8 18 /8/	31/58	Pri/nce Georg	ge's Gene	eral Hos	spital	l, Cheve	rly, Me	d.		
R'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTR	AR 24b. REGIS				
7/V Les	一出	arry W. Penn	, Jr.	DATE SE	P 2 2 '5	58 a	rthung S.	Kraus		
	GOODERSTOON  GOODE	Georges General  First  Bahy General  First  Bahy General  6. COLOR OR RACE Tenar Mark  Negro WIDOWE  CON (Give kind of work done of the continuous of the c	Groupes (If outside corporate limits, write noncest town)  Adays  First Adays  Gronges General Hespital  First Middle  Baby Girl  6. COLOR OR RACE MARRIED NEVER MARRIED DIVORCED  TON (Give kind of work done or king life, even if retired)  Wincent  Wincent	CHOPERS  (If outside corporate limits, write c. LENGTH OF STAY IN 1b neorest fown)  ITAL (If not in hospitol, give street oddress)  Gaorgas Ganaral Haspital  First Middle  Baby Girl Vinager  6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIR MIDDLE MI	GOODES  (If outside corporate limits, write c. LENGTH OF STAY IN 1b nearest lown)  If autside corporate limits, write c. LENGTH OF STAY IN 1b c. C. CITY OR TOWN (If outside corporate limits, write nearest lown)  GOODES GOODES GOODES GOODES GOODES GOODES STREET ADDRESS  GOODES GOODE	GOOPGES  (If outlide carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate town)  ITAL (If not in hospitol, give street oddress)  GOORGE General Hospital  Boy Girl Vincent    A. Date Of Beath   A. Date Of Injury (Home, form, 120f. (City Foodory, Streed, office bidg., etc.)	COUNTY   C	GOOTES  (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. C. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. CITY OR TOWN (If outside corporate limits, write RURAL and gis c. STATE AND AND AND AND AND RURAL AND	Congress   Mary Land   Congress   Congress	



# FOR STAT HEALTH DEP

10.00 50.00

predeath. If any delay is necessary, please, 2, and 3 to the funeral director. Page Pair & may be retained for your files. heurs ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death.

execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and
4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Pages 5 to FUNERAL DIRECTOR: Pages 3 should be used as a burial-transit permit. File pages 1 designated agent, privat to burial, cremotian, ar removal, and in any event within 24 hours.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9422

5	9422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19448
1	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND  2. USUAL RESIDENCE (Wagere deceosed lived. If institution; Residence before odmission) o. STATE Leveling for the country of the count
1	b. CITY OR TOWN (If outside corporate finits, write RURAL and give neorest town)  Configure necrest fown)  Configure necrest fown)  Configure necrest fown)  Configure necrest fown)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  On A FARM?
	3. NAME OF DECEASED (Type or print)  KTUNGTON  Middle  Last  A. DATE  Month  Day  Year  19 58  5. SEX  6. COLOR OR RACE  NARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  19. AGE (In y.)  15 UNDER 1YEAR IF UNDER 24 HRS.
1	mole Yellow WIDOWED   DIVORCED   Chiell 6, 1933 35 yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work dane) 100. KIND of BUSINESS OF INDIVIDUAL 11. BIRTHPINCE (State or foreign country)  11. BIRTHPINCE (State or foreign country)  12. CITYZEN OF WHAT COUNTRY?  13. CITYZEN OF WHAT COUNTRY?
	13. FATHER'S NAME  KUMTON VISUTIPHOI THONGHOUR  15. WAS DECEASED EVER IN U. S. ARMED FORCES? IA SOCIAL SICURITY NO. 12 INFORMANT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SICURITY NO. 17. INFORMANT IN you, give wor or doles all service) 16. SOCIAL SICURITY NO. 17. INFORMANT MAI. GEN. M.C.J. Kritakara Battar
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
1	Canditions, if ony, which) (b) Crushed chest and hoctuned shull
	gave rise to immediate cause (a), stating the underlying couse last. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAT CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  3 00 a.m. 8 10 19 8 of wark of work of work
	21. I certify that I took charge of the remoins described above, beld an Autapsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
	opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
2	EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
	220. BUSIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CREMATORY 22d. LOCATION (City, town, or Sunty) (State)
	23. FLIDERAL DIRECTOR'S RIGHATURE ADDRESS 240. REGISTRAR'S SIGNATURE 240. REGISTRAR'S SIGNAR'S SIGNAR'
	Wather & Masney

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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U	J	+	7	Q.

9423 **CERTIFICATE OF DEATH** 

			U	y	4	4	4
Reg.	Dist.	No.					

1. PLACE OF DEATH o. COUNTY			2. USI	JAL RESIDENCE (WI	here deceased liv		on: Residence	before admis	ision)
	nce Georges Co	marylar Marylar	ND U.	25 7.	and	b. COUNTY	Princ	e Geor	ges '
b. CITY OR TOWN ( RURAL and give n	If autside carporate limits, write	c. LENGTH OF STAY IN		CITY OR TOWN (If		limits, write RI	URAL ond giv	re nearest tow	/n)
Cheve	rly.	1 Mo 11	days/	4 College	Park				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre	eet oddress)	d.	STREET ADDRESS				ON	SIDENCE A FARM?
	ce Georges Gen	nezhal Hospita	1 1 /	4508 Ford	lham Lan	8		YES [	] NO []K
3. NAME OF DECEASED (Type or print)	First	Middle	787	Lost	4. DATE OF DEATH	Mon	gust	Day	Yeor
5. SEX	le. COLOR OR RACE 17. MA			de		TYTTY	ANNA	14	19 50
Male		ARRIED NEVER MARRIED    DIVORCED	-100	OF BIRTH	9.	AGE (In years lost birthdoy) 66 yrs.		YEAR IF UND	-
	ON (Give kind of wark done 10		NDUSTRY 11	BIRTHPLACE (State	or foreign count	00 /**	12 CITIZ	EN OF WHA	T COUNTRY
during most of wor	kind life, even if refired)	ed Cross		Dklahoma			-	S A	COUNTRY
13. FATHER'S NAME			14. N	OTHER'S MAIDEN N	NAME				
	Injamin F. Was			Helen	Thomas				
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? [1] (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Helen	Wade He	nderson	Addr Bet	es hesda	, Md.	
yes									
	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ono ran	v 7	-hnom	bos,	6		ONSET AND	DEATH CE 45
420.1			1					6-0	
Conditions, if o	env. which ) H	ypentersive	o Car	dio Va	SCULA	n Die	00/0	104	PARS
gave rise to i	mmediate (	//			3140	12 13	C143 C		
couse (o), stating lying couse last.	The Under-								
	. (0)	E CONTRIBUTING TO DELTIN	BUT NOV DE						
OT LYNN II. OI	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUI NOI RE	LATED TO THE TERMI	INAL DISEASE CO	ONDITION GIV	EN IN PART 1	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING   20b. D	ESCRIBE HOW INJURY OCCU	JRRED. (Enter	noture of injury in f	Port I or Port II	of item 18.)			
3 20c. TIME OF INJUR	RY Month, Doy, Year 20d	. INJURY OCCURRED   20e	PLACE OF	NJURY (Home, form	20f. (City or	town)	IC ~	unty)	/State)
Y 20c. TIME OF INJUING Hour o. m. p. m.	Whi		factory, stre	eet, office bldg., etc.	.)		(COI	uniy)	(Stote)
21. I certify th	nat I attended the dece	ased from MAR	ch	1952 to A	149 14	10.5	Sthat I la	et cour the	despesad
alive an	149,14 10								
dive dir		and mar de	dili occur	red at_10:4(	ADDRESS (Street	ne causes a	nd on the		ed abave.  ATE SIGNED
ACTUAL /	somen Dos	of Imeas	-	3503	S (Silver)	, city of lown,	=	91.	ATE SIGNED
SIGNATURE	2		M.D	3303	Jenn	7 31		8/14	15 8
PHYSICIAN'S NAME (Type)	YORMAN DO	NAT Comer	94	MI	BAINI	en m	1		
220. BURIAL, CREMATIC CREMOVAL (Specify) Cremation	ON, 22b. DATE THEREOF Aug 15, 195	22c. NAME OF CEMETER Fort Line		_	22d. LOCATION	N (City, town, o		(Stat	le)
23. FUNERAL DIRECTOR		ADDRESS		0. 2551	D AV DECISTRAD	-	TRAR'S SIGN		
	. Gasch's Sor		lle Md		G 1 8 '58		than S. A		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and correletely filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please rempersarbon the second to be a should be filed with the registrar prior to burial, chemation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

or ottending physicion. is certificate hos been signed by the attending physicion and is certificate hos been signed by the attended remove carbon page os the buriol-transit permit. Then please remove carbon pation, or remaval, and in any event within 72 fours after de-

# FOR STATE

9424

9VVVVVV XVV

h. If any deloy is necessory, please and 3 to the funeral director. Page 5, may be retained for your files. With the State Board of Health. Pours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

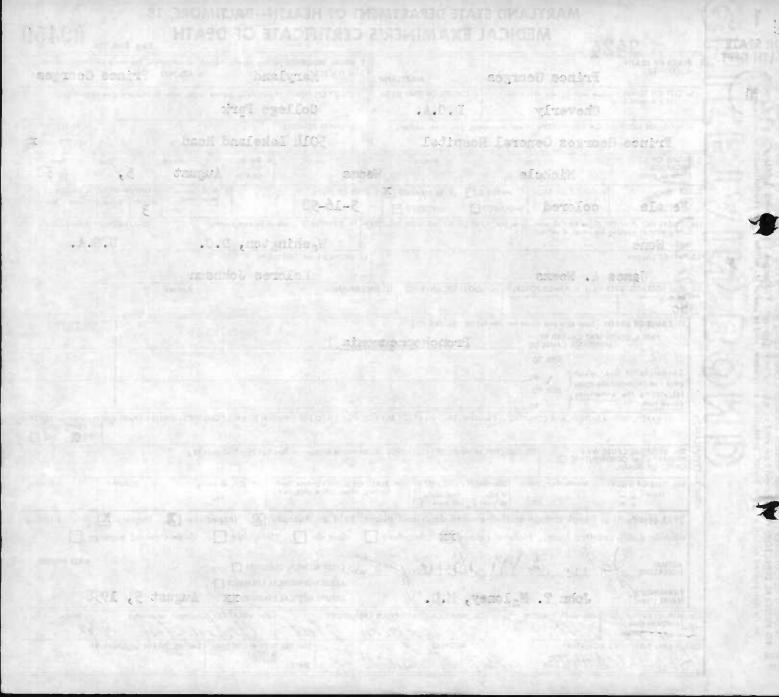
execute the certificate, writing the word "pending" in pendl in Item, 18. Give Poges 1, 2, and
4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pagr. 5, n

TO FUNERAL DIRECTOR: Pagr. 3 should be used as a burial-transit permit. File pages 1 of a feeting and only pagr. 5 or its designated agent, prior to burial, cremotion, ar removal, and in any evept-within itempora or its designated agent, prior

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	LACE OF DEATH . COUNTY	Prince Ge	orges	MARYLAI		o. STATE MALY		b. COUNT			fare odm	
b.	ond give nearest lown)	Cheverly	RURAL	D.O.A.	1Ь		l (If outside corp	porale limils, write	RURAL on	d give n	earest la	own) 🗸
d.		leorges Gen		pital, give street address) Hospital		5014	Lekelan	d Road			ON	A FARM?
(1	IAME OF ECEASED Type or print)	Michel Michel	.0	Middle	Wee		4. DATE OF DEATH	August	5	Doy		9 58
5. SE	Female	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED	6. DA	TE OF BIRTH 5-16-58		9. AGE (In years lost birthday) yrs.	Months 3	Days	Hours	ER 24 HRS. Min.
du	USUAL OCCUPATIO uring most of working None FATHER'S NAME	g life, even if retired)	lone 10b. K	IND OF BUSINESS OR IND		Washi	ington,	D.C.	12. CIT		F WHAT	COUNTRY?
[Yes,	WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war ar dates at		SOCIAL SECURITY NO.	7. INFO		ror ob no	Address				
CATION	491X Conditions, if an gave rise to immed (a), stating the ucause tost.  PART II. OTH	iote couse Due TO nderlying Cc) ER SIGNIFICANT CON		Brenchopne	UT NOT	RELATED TO THE TE			VEN IN PAR	27 1(0) 1	9. WAS PERFO	
MEDICAL	opinion death	Y Month, Day, Yea	while of war		PLACE Coffectory,	of INJURY (Home, for street, office bldg., held an Auto Suicide ,	psy X, Ir	or town)  Aspection 2,  Undete		ry 🔊	er 🗆	(Stote)
	EXAMINER'S NAME (Type)	John T.		ey, M.D.  Z2c. NAME OF CEMETERY		ASSISTANT MEDIC	DICAL EXAMINE	R 🗀	st 5,	195		
S	FUNERAL DIRECTOR	8-11-3	46	Address 7 N A	Los.	Wat	EC'D BY REGIST	rlin si	an	BNATU	1Stor	;



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY 10/ COUNTY MARYLAND b. CITY OR JOWN (If outside corporate Main, write RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town) end on arrive 4 T. NAME OF HOSPITAL (If not in hospital, give street, address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs Min. WIDOWED [ DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? puo be 100 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JNFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 00 PERFORMED? YES 🗍 NO. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Fart II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 071 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d PDACE OF INJURY Hydre, form, (County) (State) Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry cute the certificate, writing farwarded to the Chief A PUNERAL DIRECTOR: P death resulted from: Natural causes , Accident V. Suicide Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER removal EXAMINER'S cute the NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL-DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR REGISTRAR'S STGNATURE VS. A15ME(5) DARUG 5M 9/55

THE RESERVE OF THE PARTY OF THE 

X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  Item 7 Film G233 8/28/58 gcd  CERTIFICATE OF DEATH  Reg. Dist. No. 19452
ナ	Reg. Dist. No.  1. PLACE OF DEATH o. COUNTY Prince George  MARYLAND  Reg. Dist. No.  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Cheverly  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  **Fairmount** Heights**
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Prince George General  1013 58th Ava/  e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \)
	3. NAME OF DECEASED (Type or print) Y Emme Wilson 4. DATE Month Day Year OF DEATH Aug 12: 1958
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Female  Colored  WIDOWED DIVORCED April 29  Pril 29  9. AGE [In years of birthdoy]  Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. CITIZEN OF WHAT COUNTRY  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME
	Frank Newton Mary Bowie
	(Yes, no. or unknown) (If yes, give wor or doles of service) Rear IN, Gray 1013 -58th Ave Fairmort,
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO
	Conditions, if ony, which gove rise to immediate couse (a), stating the under DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of work of work of work 19
1	21. I certify that I attended the deceased from 12 Changer, 1958, to 12 Changer, 1958, that I last saw the deceased alive an 12 Changer, 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, to 12 Changer, 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, to 12 Changer, 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive and 1958, that I last saw the deceased alive alive alive
	PHYSICIAN'S Dr. R. Sasser
	220 HIRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Mt Olivet D.C.
	Robert G. Mason Funeral Homeassolichas Bate 1162 6 158

HYALIGMO STADININGO TO BETTER SCHOOL STEEL THE STEEL STEEL medicalistic scale majes by a property of the William St. A. By branches from Village and Lat

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 pletely filled in by the funeral directs. Pages 1 and 2 shauld be filed v of or attending physician. Six acertificate has been signed by the attending physician and bis certificate has been signed by the attended emove carbon-tuse as the burial-transit permit. Then please remove carbon-emotion, ar removal, and in any event within 72 haurs after de may be retained by the haspital page 3 should be detached the registrar prior to burial, c

VS A15 (4) 1SM 10/57

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9427

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

09453

o. COUNTY		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived.	If institution: Reside	ince before adm	ission)
Princ	e Georges		Marylr	ind	Prince C		
RURAL and give ne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		nits, write RURAL and	give nearest to	wn)
d. NAME OF HOSPIT	AL (If not in hospital, give street	10 hrs	d. STREET ADDRESS	rde		la IS P	ESIDENCE
OR INSTITUTION				<b>-0</b> 1		ON	A FARM?
	Georges General		1209	54th Ave	nue	AF2 [	□ NO N
3. NAME OF DECEASED (Type or print)	First	Middle	lost	4. DATE OF DEATH	Month	Day	Year
5. SEX	Emma FRANC				August	20	19 58
J. JLA	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	y. AG lost	E (In years IF UNDE birthdoy) Months	Doys Hour	
Female	White WIDOW		23 April		5? yrs.	00,5	
during most of work	ON (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stol	te ar foreign country)	12. C	ITIZEN OF WHA	AT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		V13.7	1
GEORGE	PIERCE		AAAbu	ASHE	V		
0 10 -		cociai cociairii in la	INARY	73713			
(Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		INFORMANT		120954	ICA AV	E
NO	/	VONE I	JAVID F. V	VILSON	HILLSID	EMI	
	TH [Enter only one couse per li	ne for (a), (b), and (c).]	0 . 1	2	1	INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Usute /	ules. Co	may V	deun	ONSET AN	ID DEATH
420:0	DUE TO		0.1				
Conditions, if or		We mention or	1 /1	le	Marshed	Shel	
gove rise to in	nmediate	Winning !	Or un	umae	10	1/1	
lying couse lost.	the under-	arlino	Felevote	Alder	· (Kakete	Medlek	(n).
Z PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER!	MINAL DISEASE CON	OITION GIVEN IN PA	RT 1(0) 19. WAS	S AUTOPSY
260x						PERF	FORMED?
O (IF EITHER, NOTIFY	S UNDERLYING   20b. DES   CAUSE OF DEATH   MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of i	lem 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While		ACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City or tow tc.)	n)	(County)	(Stote)
21. I certify th	ot I ottended the deceos	ed from 949, 19	. 1958, to /	949. 20	10. February	last saw th	
olive on Au	19. 19 10.5	-6					
01146 011 - 2-7-2	-f-1	, and mor deon	occurred at 3,50	M, from the	causes and on		
ACTUAL D	R alluna		2200	ADDRESS (Street, ci	7		DATE SIGNED
SIGNATURE	C. Hereges	rejo_	M.D.J.708 1688	y st. My	Ralhier	md. o	120/5
PHYSICIAN'S D	r.C. Hageage.,	M.D.	/				
220. BURIAL CREMATION BENOVAL (Specify)	N, 22b. DATE THEREOF 8-23-58	CEDAR HI	DR CREMATORY	SUITLA	ity, town, or county)	TRYL A	410
3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	L _ C   240 8FG	C'D BY REGISTRAR	24b. REGISTRAR'S SI	IGNATURE	
(11/11/	lund.	6/7/1/21	DATE		arthur S.		
CUINA -	accommended so	1111111111	DATE	An T T			

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# FOR STATE HEALTH DEPT.

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas	the	be	AL	or its designated agent, prior to buriel, cremation, or removal, and in any event within Zhours after death.
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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 0. COUNTY	rince George	8	MARYLA	0	STATE VIX	(Where decea	sed lived. If institu b. COUNT	v	nce befor		sion)
b. CITY OR TOWN	(If outside corporate limits, write the comp) (Theverly	• RURAL C. LEN	D.O.A.	lb c.		(If outside cor	porote limits, write	RURAL ond	give nec	prest tow	n) /
	PITAL OR INSTITUTION ( Georges Gene				street Address		cks, Quar	rters		ON A	SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Claren		Middle Lson	Wright	t, Jr.	4. DATE OF DEATH	August		2°	Y•	°'58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED   1	DIVORCED		OF BIRTH 6-7	-37	9. AGE (In years lost birthday) 21 yrs.	IF UNDER Months		and the second section of the last	R 24 HRS. Min.
U.S.Na 13. FATHER'S NAME		U.S.	Governme	nt	Missis OTHER'S MAIDEN	sippi NAME	country)		S.A	WHAT C	OUNTRY
	EVER IN U. S. ARMED FO (If yes, give wer or delet of Currently	RCES? 16. SOCIAL	SECURITY NO. 1	7. INFORMA			Address Lt. Fred	Wehr	ing.		
PARY 1. DI  823  Conditions, if gove rise to imp (o), stoting the	any, which (b)	As Dr	sphyxia rowning							AL BETWEE	
PARY II. CO	) (c) DTHER SIGNIFICANT CON		tomobile			MINAL DISEAS	E CONDITION GIV	VEN IN PAR		PERFOR	UTOPSY IMED?
20c. TIME OF IN.	AUSE WAS ONTRIBUTING DATE OF THE PROPERTY OF T	While of work a	of an aut m in a OCCURRED 20e. Not while of work T	omobi creek PLACE OF II factory, str	le which Subjec NJURY (Home, for Boldg., e	t remover. 20f. (City etc.)	out of co red_from or lown)	, Pr.	Geo.		ded ater- (Stote) Md.
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John T. Ma	Malon	Acciden	M.D.	Suicide	EXAMINER [	R 📑	rmined n		DATE SIG	GNED
220. BURIAL, CREMATE RIMOVAL ISSUES	8-4-1	958	ME OF CEMETERY	OR CREMAT		NE	TION (City, town, or WTON)		14	(Sfoto)	Si
23. FUNERAL DIRECTO	OR'S SIGNATURE HAMBERS	S, Co. 142	DO CHAP	N 57		C'D BY REGIST	78 24b. REGIS	STRAK'S SIG	NATURE		

# HARVAND STATE DEPARTMENTS OF REALTH - BACHMORE YE

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